Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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/Form990 for instructions and the latest information.

. 2022, and ending For the 2022 calendar year, or tax year beginning ,20 2023 Check if applicable: D Employer identification number Address change Green Foothills Foundation 94-6121854 dba Green Foothills Telephone number Name change 3921 E Bayshore Blvd 6509687243 Initial return Palo Alto, CA 94303 Final return/terminated **G** Gross receipts \$ Amended return 1,681,886. F Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Yes Julie Hutcheson **H(b)** Are all subordinates included? If "No," attach a list. See instructions. Same As C Above Yes No Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c) ((insert no.) Website: www.greenfoothills.org H(c) Group exemption number X Corporation Trust L Year of formation: 1964 M State of legal domicile: CA Form of organization: Summary Briefly describe the organization's mission or most significant activities: To protect the open space, farmland and natural resources of San Mateo and Santa Clara Counties for the benefit of all through advocacy, education, and grassroots action. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 14 5 11 Total number of volunteers (estimate if necessary)..... 6 50 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11..... 0. **Prior Year Current Year** 1,574,786 Contributions and grants (Part VIII, line 1h)..... 1,635,223. Program service revenue (Part VIII, line 2g)..... 4,950 3,825. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 25**,**083. 19,072. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 -4,757-93,353. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 600,062 564,767. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 29,060 1,050 Benefits paid to or for members (Part IX, column (A), line 4)..... 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,015,153 880,322 16a Professional fundraising fees (Part IX, column (A), line 11e)..... Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 373,993. 321,350. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 1,418,206. 1,202,722. Revenue less expenses. Subtract line 18 from line 12..... 181,856. 362,045. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16)..... 1,744,586. 1,537,999. 21 194,291. 97,589. Net assets or fund balances. Subtract line 21 from line 20..... 22 1,343,708. 1,646,997. Part II Signature Block 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. Signature of officer Date Sign Here Julie Hutcheson Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Suzanne Pon P03097587 **Paid** Suzanne Pon self-employed Preparer Firm's name Shining Star Consulting LLC Use Only Firm's address 2320 Oak St Firm's EIN 46-0796445

Berkeley, CA 94708 925-708-7444

X Yes Nο

Par	t III	Statement of Program Service Accomplishments		37
1	Driofle	Check if Schedule O contains a response or note to any line in this Part III		X
'		•	Canta	
		protect the open space, farmland, and natural resources of San Mateo and		
		<u>ra Counties for the benefit of all through advocacy, education, and grass</u> ion.		
	acc	10n.		
2	Did th	e organization undertake any significant program services during the year which were not listed on the prior		
	Form	990 or 990-EZ?	es X	No
		s," describe these new services on Schedule O.		
3			′es X	No
		s," describe these changes on Schedule O.		
4	Descri Section and re	ibe the organization's program service accomplishments for each of its three largest program services, as measured on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total evenue, if any, for each program service reported.	by expens al expense	ses. es,
4a	(Code	e:) (Expenses \$721,261. including grants of \$ 250.) (Revenue \$)
	See	Schedule 0		
4b	(Code	e:) (Expenses \$141,280. including grants of \$800.) (Revenue \$	3,82	·5.
		<u>launched the 9th Leadership Program cohort of local change makers in San I</u>		and_
		ta Clara Counties in 2022. Leadership Program alumni 1) assume leadership		
		re they apply a lens of environmental advocacy and cultural humility in the		
		k; 2) initiate and join successful campaigns that advance Green Foothills vision; and 3) are involved in the Green Foothills community. 2022 Impage		TOII _
		rics: 22 local changemakers graduated for a total of 242 alumni since 201		
		mni in a new leadership role for a total of 109 since 2014, 15 initiatives		
		mni for a total of 37 initiatives since 2014, 13 initiatives launched or		
	alu	mni for a total of 40 since 2014.		
4c	(Code	e:) (Expenses \$ including grants of \$) (Revenue \$))
		. – – – – – – – – – – – – – – – – – – –		
Δd	Other	program services (Describe on Schedule O.)		
Tu	(Expe)	
4e		program service expenses 862.541.		

Form 990 (2022) Green Foothills Foundation Part IV 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3		Х
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	Х	
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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," complete Schedule D, Part VI.	11a	Х	
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.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15		X
	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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions.	17		X
18	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	Х	Λ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	7.	Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022) Green Foothills Foundation Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
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? <i>If "Yes," complete Schedule J.</i>	23	Х	
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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
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		
d	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		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Χ
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? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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," 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 related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
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? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Χ	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
ВΛΛ	(gambing) winnings to prize winners:		Δ 000 ((0000

Form 990 (2022) Green Foothills Foundation

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ
·	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7h		
Ü	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	158		
h	Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			
	TEE 4 0.1 0 E		~~~	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year..... 14 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 on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 14 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 7a 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?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ **14** Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. See . Schedule. . O. 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records. Heather Kantor 3921 E Bayshore Blvd Palo Alto CA 94303 650 968-7243

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

See the instructions for the order in which to list the p	CISOIIS GE	,ovc.								
Check this box if neither the organization nor any relat	ed organiz	ation	con			ed any	y cu	rrent officer, direct	or, or trustee.	
(A) Name and title	(B) Average hours	ige is both an officer and a						(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director		Officer		Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	of other compensation from the organization and related organizations
(1) Megan Fluke	40									
Executive Dir.	0			X				143,368.	0.	10,387.
(2) Ian_Bain	5	.,		3.7				0	0	0
President (2) Use Marchh	0 5	Х		Χ				0.	0.	0.
(3) Hyma Menath Vice President	$-\frac{5}{0}$	Х		Χ				0.	0.	0.
(4) Lisa Munro	5	Λ		Λ				0.	0.	0.
Treasurer	5	Х		Χ				0.	0.	0.
(5) Nancy Federspiel	5	21		71				0.	0.	
Secretary	0	Х		X				0.	0.	0.
(6) Jon Adams	5									
Director	0	Х						0.	0.	0.
(7) Matthew Burrows	5									
Director	0	Χ						0.	0.	0.
(8) Sarvenaz Fahimi	5									
Director	0	Χ						0.	0.	0.
(9) Ricardo Samaniego	5									
Director	0	Х						0.	0.	0.
(10) Manjeet Singh Bhamra Director	<u> 5</u> _	Х						0.	0.	0.
(11) Greg Boro	5									
Director	0	Χ						0.	0.	0.
(12) Marsha Cohen	5									
Director	0	Х						0.	0.	0.
(13) Anand Madhavan	5									
Director	0	Х						0.	0.	0.
(14) Ann Monroe	5							_	_	_
Director	0	X						0.	0.	0.

Par	t VII Section A. Officers, Directors, Tru		Key	En			es,	and	d Highest Com	pensated Emp	oyees	5 (cont	inued)
		(B)			•	C)							
	(A) Name and title	Average hours per week	box offi	, unle cer a	ess pend a	erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations		(F) ated am of other ensation	
		(list any hours for related organiza - tions below dotted line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the d	organiza organiza organiza organization	tion d
(15)	Arpana Tiwari Director	5	Х						0.	0.			0.
(16)	Margaret Laffan Director	5	Х						0.	0.			0.
(17)	Jeff Segall Director	5	Х						0.	0.			0.
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)			-										
	Subtotal								143,368.	0.		10,3	387.
	Total from continuation sheets to Part VII, Section								0.	0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but not limited									0.	oncatio	10,	387.
	from the organization 1	to those i	isteu	аио	ve) \	WHO	recer	veu	more man \$100,00	o of reportable comp	erisatio	T	T
3	Did the organization list any former officer, direction line 1a? If "Yes,"complete Schedule J for such	tor, truste	e, ke	еу е	mpl	oyee	e, or	high	nest compensated	employee	3	Yes	No X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportab r than \$1	le co 50,0	mpe 00?	ensa If "	ation Yes,	and " con	oth nple	er compensation tete Schedule J for	rom		Х	
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	e compen	satio	n fr	om	anv	unre	late	d organization or	individual		Λ	X
Sect	ion B. Independent Contractors										1		
1	Complete this table for your five highest compensormensation from the organization. Report compensormers	sated indessation for	epen the c	den alen	t co dar	ntrad year	ctors endi	tha ng v	t received more the orgith or within the orgital to	nan \$100,000 of ganization's tax year			
	(A) Name and business address (B) Description of services C							Compe	C) ensatio	on			
2	Total number of independent contractors (including b \$100,000 of compensation from the organization		ited to	o the	ose I	listed	d abo	ve)	Who received more	than			
	4100,000 or compensation from the organization	0											

		Check if Schedule O contains a response or	note to any	y line in this Part V	III		
			-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Related organizations	59,183. 66,000. 10,040.				
	h	Total. Add lines 1a-1f		1,635,223.			
ıne			ess Code				
жer	2a	<u>Tuition</u> 61143	0	3,825.	3,825.		
Program Service Revenue	b c d						
Iran	f	All other program service revenue					
roç		Total. Add lines 2a-2f		3,825.			
	3	Investment income (including dividends, interest, a other similar amounts).	ınd	22,244.			22,244.
	4	Income from investment of tax-exempt bond pr		22,244.			22,244.
	5	Royalties					
			Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities (i) Other				
		sales of assets other than inventory 7a -3,172.					
	b	Less: cost or other basis					
		and sales expenses 7b					
		Gain or (loss) 7c -3,172.					
		Net gain or (loss)		-3,172.			-3,172.
Other Revenue			3,630.				
hei			7,119.				
ರ	С	Net income or (loss) from fundraising events .		-93,489.			
	9a	Gross income from gaming activities. See Part IV, line 19					
		Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns and allowances	6.				
		Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory Busin	ess Code	6.	6.		
	11a	Miscellaneous Refunds 90009		130.	130.		
scellaneo Revenue	b	TISCETTANCOUS NETUNAS 70009	,	150.	150.		
	С						
Miscellaneous Revenue	d	All other revenue					
Σ	е	Total. Add lines 11a-11d		130.			
	12	Total revenue. See instructions		1,564,767.	3,961.	0.	19,072.

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a				
	not include amounts reported on lines 7b, 8b, 9b, 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	1,050.	1,050.	-	·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,000.	2,000.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	140,107.	79,853.	40,468.	19,786.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	616,932.	557,543.	2,372.	57,017.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	010, 932.	337,343.	2,312.	37,017.
9	Other employee benefits	59,979.	50,404.	3,415.	6,160.
10	Payroll taxes	63,304.	53,086.	3,646.	6,572.
11	Fees for services (nonemployees):	,	,	,	•
а	Management				
b	Legal	8,420.	8,420.		
С	Accounting	71,500.		71,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	82,840.	53,625.	10,265.	18,950.
12	Advertising and promotion	8,504.	8,167.	10/2001	337.
13	Office expenses	72,141.	21,858.	31,894.	18,389.
14	Information technology	23,438.	3,525.	1,886.	18,027.
15	Royalties	,	-,	,	- ,
16	Occupancy	27,847.	20,227.	3,606.	4,014.
17	Travel	1,288.	1,184.	17.	87.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,673.	713.	1,310.	12,650.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,974.	2,886.	515.	573.
23	Insurance	6,725.		6,725.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,202,722.	862,541.	177,619.	162,562.
26	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)				

		Check if Schedule O contains a response or note to	o any lir	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			463,667.	1	234,677.
	2	Savings and temporary cash investments				2	75,000.
	3	Pledges and grants receivable, net			84,987.	3	204,384.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	ner office I contrib rsons	er, director, utor, or 35%		5	
	6	Loans and other receivables from other disqualified p	ersons	(as defined under			
	O	section 4958(f)(1)), and persons described in section		`		6	
	7	Notes and loans receivable, net		· · · · · _		7	
Ø	8	Inventories for sale or use		<u> </u>		8	
šet	9	Prepaid expenses and deferred charges		-	15 016	9	0 /17
Assets	-		1 1		15,916.	9	8,417.
7		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		18,702.			
	b	Less: accumulated depreciation		16,547.	6,129.	10c	2,155.
	11	Investments — publicly traded securities		-	967,300.	11	1,219,953.
	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	33)		1,537,999.	16	1,744,586.
	17	Accounts payable and accrued expenses			194,291.	17	78,024.
	18	Grants payable		<u></u>		18	
	19	Deferred revenue	<u> </u>		19	19,565.	
	20	Tax-exempt bond liabilities		_		20	
es	21	Escrow or custodial account liability. Complete Part		L.		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor. or	35%		22	
	23	Secured mortgages and notes payable to unrelated the		<u></u>		23	
	24	Unsecured notes and loans payable to unrelated third		_		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•			25	
	26	Total liabilities. Add lines 17 through 25			194,291.	26	97,589.
Ices		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	9	X			
<u>a</u>	27	•			640,833.	27	528,874.
Ba	28	Net assets with donor restrictions			702,875.	28	1,118,123.
P		Organizations that do not follow FASB ASC 958, che	ck here		,		
团		and complete lines 29 through 33.					
Net Assets or Fund Balance	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipm	nent fun	d		30	
SS	31	Retained earnings, endowment, accumulated income	, or othe	er funds		31	
t A	32	Total net assets or fund balances			1,343,708.	32	1,646,997.
울	33	Total liabilities and net assets/fund balances			1,537,999.	33	1,744,586.
RΔ	۸		TFFA011	IL 09/01/22	, - ,		Form 990 (2022)

Pai	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI.						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,5	64,7	67.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		02,7			
3	Revenue less expenses. Subtract line 2 from line 1	3		62,0			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,3	43,7	708.		
5	Net unrealized gains (losses) on investments.	5			756.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	1 0				
Dar	column (B))	10	1,6	46,9	197.		
Pai	T XII Financial Statements and Reporting				_		
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	ed on a					
b	Were the organization's financial statements audited by an independent accountant?		2b		Х		
	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?	, 	2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on 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 Guidance, 2 C.F.R Part 200, Subpart F?	Uniform	За		Х		
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 on Schedule O and describe any steps taken to undergo such audits		3b				
BAA	TEEA0112L 09/01/22		Form	990 ((2022)		

SCHEDULE A (Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

italiic (nilis roundat:	Lon			94-612185	л. — — — — — — — — — — — — — — — — — — —	
Par	dba Green I Reason for Public Cha		rganizations must	comple	ata thi			
	organization is not a private found							
1	A church, convention of church	`			•	•		
2	A school described in section	,		,		.17.		
3	A hospital or a cooperative h		•		7/hV1V/	\Viii\		
4	A medical research organiza	,				· ·	nter the ho	snital's
•	name, city, and state:	tion operated in conju	anction with a nospital	acscribe	a iii 300	, aon 17 0 (b) (1)(A)(ai). L		Spital 5
5	An organization operated for	the benefit of a colle	ege or university owned	or oper	ated by	a governmental unit de	escribed in	. – – – –
6	section 170(b)(1)(A)(iv). (Co	,	ental unit described in s	ection 1	70(b)(1))(A)(v).		
7	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	olic describe	:d
8	A community trust described	in section 170(b)(1)(A)(vi). (Complete Part	II.)				
9	An agricultural research organia	zation described in sec	ction 170(b)(1)(A)(ix) oper	ated in c	oniunctio	on with a land-grant colle	eae	
	or university or a non-land-gran							
	university:							
10	An organization that normally from activities related to its investment income and unrel June 30, 1975. See section 5	exempt functions, sub lated business taxabl	oject to certain exception e income (less section	ns; and	(2) no r	nore than 33-1/3% of i	ts support f	rom gross
11	An organization organized ar		•	ety. See	section	n 509(a)(4).		
12	An organization organized ar or more publicly supported o	nd operated exclusive rganizations describe	ely for the benefit of, to ed in section 509(a)(1) o	perform or sectio	the fur	octions of, or to carry or (a). See section 509(a)	ut the purpo)(3). Check	oses of one the box on
	lines 12a through 12d that de				•			
а	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	gularly appoint or elect	d, or controlled by its sup t a majority of the directo	rs or trus	rganizat tees of	ion(s), typically by giving the supporting organization	the supportion. You mus	: e a ; t
b	Type II. A supporting organiz management of the supporting	ation supervised or o	controlled in connection the same persons that c	with its ontrol or	support	ed organization(s), by the supported organizat	having conion(s). You	trol or
	must complete Part IV, Secti	ions A and C.	·					
C	Type III functionally integrated.							
d	Type III non-functionally integrated. The cinstructions). You must com	organization generally	must satisfy a distribu	nnection tion req	with its : uiremen	supported organization(s) t and an attentiveness) that is not requiremer	nt (see
е	Check this box if the organize integrated, or Type III non-fu	ation received a writt	en determination from	the IRS	that it is	a Type I, Type II, Typ	e III functio	nally
f	Enter the number of supported of	organizations						
g	Provide the following information	n about the supported	d organization(s).					
((i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)		ount of other ee instructions)
				Yes	No			
				165	NO			
(A)								
(1)								
(B)								
``								
(C)								
(D)								
(E)								
Total								
						i	1	

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.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do pot include any "unusual grants.") Let VI	1,364,379.	1,022,194.	1,211,519.	1,574,786.	1,635,223.	6,808,101.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,364,379.	1,022,194.	1,211,519.	1,574,786.	1,635,223.	6,808,101.
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)						375,478.
6	Public support. Subtract line 5 from line 4						6,432,623.
Sec	tion B. Total Support						,
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,364,379.	1,022,194.	1,211,519.	1,574,786.	1,635,223.	6,808,101.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,233.	13,943.	12,689.	15,206.	19,072.	67,143.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,	.,	,	,	.,	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.				5,639.	130.	5,769.
11	Total support. Add lines 7 through 10						6,881,013.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	123,759.
13	First 5 years. If the Form 990 is organization, check this box and						
Sec	tion C. Computation of Pu						
14	Public support percentage for 20	022 (line 6, columi	n (f), divided by li				93.48%
15	Public support percentage from	2021 Schedule A,	Part II, line 14			15	89.43%
16a	33-1/3% support test—2022. If t and stop here. The organization	he organization di qualifies as a pul	d not check the bolicly supported o	oox on line 13, and rganization	d line 14 is 33-1/3	3% or more, chec	k this box
b	33-1/3% support test—2021. If the and stop here. The organization	ne organization did qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a	a, and line 15 is 3:	3-1/3% or more,	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this b	box and stop here	. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances to	nd-circumstances est. The organiza	test, check this l tion qualifies as a	pox and stop here publicly supporte	Explain in Parted organization	VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		picase complete i	<u> </u>			
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2010	(5) 2513	(0) 2020	(a) 2321	(C) ZOZZ	(i) Total
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.						
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 or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support				1	T	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here					
	tion C. Computation of Pul						
	Public support percentage for 20	•	.,,		•		<u> </u>
	Public support percentage from 2					16	%
	tion D. Computation of Inv						
17		•		-	* * * *		<u> </u>
	Investment income percentage f						%
	33-1/3% support tests—2022. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies a	as a publicly supp	orted organization	
	33-1/3% support tests—2021. If the line 18 is not more than 33-1/3% Private foundation. If the organization of the organiz	, check this box	and stop here. Th	e organization qu	ialifies as a public	cly supported organ	ization

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4 a		
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		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
С	Did a disqualified person (as defined on 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 .	9с		
0a	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 line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Sche	edule /	A (Form 990) 2022 Green Foothills Foundation	94-6121854	F	Page !
Pai	t IV	Supporting Organizations (continued)			
-11	l laa i	the executive executed a gift or explain, then from any of the following payage?		Yes	No
		the organization accepted a gift or contribution from any of the following persons? rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c	helow		
u	the g	governing body of a supported organization?	11a		
b	A far	mily member of a person described on line 11a above?	11b		
C	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sec	tion	B. Type I Supporting Organizations			
				Yes	No
1	or m office orga than were	the governing body, members of the governing body, officers acting in their official capacity, or mem ore supported organizations have the power to regularly appoint or elect at least a majority of the orgers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supporting in the interest of the organization of the organization of the organization of the organization, describe how the powers to appoint and/or remove officers, directors, or allocated among the supported organizations and what conditions or restrictions, if any, applied to the organization or restrictions, if any, applied to the organization or restrictions.	ganization's rted ation had more or trustees		
_		ng the tax year.			
2	that bene	the organization operate for the benefit of any supported organization other than the supported organ operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how proven fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled	viding such I the		
		porting organization.	2		
Sec	tion	C. Type II Supporting Organizations		Tv	
_				Yes	No
1	of ea	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or tr ach of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or mana</i> corting organization was vested in the same persons that controlled or managed the supported organ	gement of the		
Sec	tion	D. All Type III Supporting Organizations		<u> </u>	<u> </u>
		2.7.m .) po m oupporting organizations		Yes	No
1	orgai vear.	the organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the form 990 that was most recently filed as of the date of notification, and (iii) copie nization's governing documents in effect on the date of notification, to the extent not previously prov	e prior tax s of the		
2	orgai	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the suppo nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part organization maintained a close and continuous working relationship with the supported organization	: VI how		
3	voice all tir	eason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or as mes during the tax year? If "Yes," describe in Part VI the role the organization's supported organization is regard.	ssets at		
Sec	tion	E. Type III Functionally Integrated Supporting Organizations			
1	Chan	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions)		
		The organization satisfied the Activities Test. Complete line 2 below.	msu acaons).		
á	吕	· · · · · · · · · · · · · · · · · · ·			
ı	=	The organization is the parent of each of its supported organizations. Complete line 3 below.			
(: []	The organization supported a governmental entity. Describe in Part VI how you supported a governmental	ental entity (see instr	uctions	s).
2	Activ	vities Test. Answer lines 2a and 2b below.		Yes	No
á	supp orga	substantially all of the organization's activities during the tax year directly further the exempt purpose orted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supportions and explain how these activities directly furthered their exempt purposes, how the organizations and those supported organizations, and how the organization determined that these activities or the supported organizations, and how the organization determined that these activities or the supported organizations.	orted vation was		
		tantially all of its activities.	2a		
ŀ		he activities described on line 2a, above, constitute activities that, but for the organization's involven			
		e of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Pa</i> ons for the organization's position that its supported organization(s) would have engaged in these ac			
		or the organization's involvement.	2b		
3	Pare	nt of Supported Organizations. Answer lines 3a and 3b below.			

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.* Schedule A (Form 990) 2022 BAA TEEA0405L 09/09/22

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3b

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*

Pa	rt v Type iii Noil-Functionally integrated 509(a)(5) Supporting Orga	IIIIZat	.10115	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	1 1 2	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2022

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	nued)				
Sec	Section D — Distributions					
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	6				
7	Total annual distributions. Add lines 1 through 6.	7				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8				
9	Distributable amount for 2022 from Section C, line 6	9				
10	Line 8 amount divided by line 9 amount	10				

Line 6 amount divided by line 5 amount		1.0	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022

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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 1 - Unusual Grants

 2018 2019		<u>2019</u> <u>2020</u> <u>2021</u>		2022	<u>Total</u>			
\$ 585,586.	\$ 0.	\$ 0.	\$ 0.	\$ 0.	\$ 585,586.			

Part II, Line 10 - Other Income

Nature and Source	 2022	 2021	 2020	_	2019	_	2018
Miscellaneous refunds	\$ 130.	\$ 5,639.					
Total	\$ 130.	\$ 5,639.	\$ 0.	\$	0.	\$	0.

BAA TEEA0408L 09/09/22 Schedule A (Form 990) 2022

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

•	Section 501(c)(4), (5), or (6) (organizations: Complete Part III.			
		hills Foundation		Employer identific	ation number
	dba Green	Foothills		94-612185	4
		rganization is exempt under section			zation.
1	Provide a description of the See instructions for definitio	organization's direct and indirect political on of "political campaign activities."	campaign activities in	Part IV.	
2	Political campaign activity e	xpenditures. See instructions		\$	
3	Volunteer hours for political	campaign activities. See instructions			
Par	rt I-B Complete if the o	rganization is exempt under section	on 50 1(c)(3).		
1		cise tax incurred by the organization under			
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955.	\$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
		rganization is exempt under section			
1	Enter the amount directly ex	spended by the filing organization for section	on 527 exempt function	on activities \$	
2		g organization's funds contributed to other			
3	Total exempt function exper line 17b	nditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	\$	
4	Did the filing organization fil	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses organization made payment amount of political contribution segregated fund or a political	and employer identification number (EIN) s. For each organization listed, enter the ans received that were promptly and directly delal action committee (PAC). If additional span	of all section 527 pol mount paid from the f livered to a separate po ace is needed, provide	itical organizations to w filing organization's fun olitical organization, such e information in Part IV	which the filing ds. Also enter the as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2022

Pai	ct II-A Complete if section 501(the organization	is exempt under se	ction 501(c)(3) and	filed Form 5768 (e	lection under				
Α	Check If the filin	g organization belongs	to an affiliated group (and	list in Part IV each affilia	ated group member's nam	e,				
	address, EIN, expenses, and share of excess lobbying expenditures).									
В	Check if the filin	g organization checked	d box A and "limited contro	I" provisions apply.						
	(The term	Limits on Lobbyi "expenditures" mear	ng Expenditures ns amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals				
		•	lic opinion (grassroots lob		2,582.					
	, , ,		gislative body (direct lobb	, ,,	2,708.					
		·	d 1b)		5,290.	0.				
		•			1,197,432.					
е	Total exempt purpose e	xpenditures (add line	es 1c and 1d)		1,202,722.	0.				
f			unt from the following tal		195,272.					
	If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:						
	Not over \$500,000		0% of the amount on line 1e.							
	Over \$500,000 but not over \$1,	,	100,000 plus 15% of the excess							
L	Over \$1,000,000 but not over \$		175,000 plus 10% of the excess							
	Over \$1,500,000 but not over \$		225,000 plus 5% of the excess of	over \$1,500,000.						
	Over \$17,000,000		1,000,000.							
g		•	f line 1f)		10/010.	0.				
h			enter -0		<u> </u>	0.				
i	Subtract line 1f from lin	e 1c. If zero or less,	enter -0		0.	0.				
j	If there is an amount othe section 4911 tax for this	er than zero on either I s year?	ine 1h or line 1i, did the org	ganization file Form 4720	reporting	Yes No				
	(Som	e organizations that	-Year Averaging Period I made a section 501(h) el ow. See the separate inst	ection do not have to	complete all of the five rough 2f.)					
		Lobby	ing Expenditures During	4-Year Averaging Peri	od					
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total				
2a	Lobbying nontaxable amount	181,346	186,438.	237,731.	195,272.	800,787.				
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,201,181.				
С	Total lobbying expenditures	3,381	. 7,621.	16,763.	5,290.	33,055.				
d	Grassroots nontaxable amount	45,337	. 46,610.	59,433.	48,818.	200,198.				
е	Grassroots ceiling amount (150% of line 2d, column (e))					300,297.				
f	Grassroots lobbying expenditures	2,078	. 1,297.	8,988.	2,582.	14,945.				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

			1)	(b)
	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed lescription of the lobbying activity.			Amount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
_	Mailings to members, legislators, or the public?			
	Publications, or published or broadcast statements?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?			
j	Total. Add lines 1c through 1i			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section 501('c)(5)	. or	

section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members.	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year.	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Additional Information

The direct lobbying activities of this organization included letters and oral comments at public meetings in support of specific legislation such as San Jose's General Plan 4-Year Review and Santa Clara County's Climate Resilience Overlay Zoning District. Grassroots lobbying activities included emails, blog posts and action alerts to supporters on these topics.

BAA Schedule C (Form 990) 2022

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Green Foothills Foundation

dba	Green Foothills			94-61		
Par				ınds or Account	S.	
	Complete if the organization answered	l "Yes" on Form 990, Part IV, line 6				
		(a) Donor advised fur	nds	(b) Funds and	other accounts	
1	Total number at end of year					
2	Aggregate value of contributions to (during year). \ldots .	-				
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and do are the organization's property, subject to the	onor advisors in writing that the as e organization's exclusive legal co	ssets held in don	nor advised funds	Yes No	
6	Did the organization inform all grantees, don for charitable purposes and not for the benefitmermissible private benefit?	fit of the donor or donor advisor, o	or for any other p	ourpose conferring.	Yes □ No	
Par	impermissible private benefit?					
	Complete if the organization answered					
1	Purpose(s) of conservation easements held to	by the organization (check all that	apply).			
	Preservation of land for public use (for exan	nple, recreation or education)	Preservation	n of a historically im	portant land area	
	Protection of natural habitat		Preservation	n of a certified histo	ric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation contrib	oution in the form			
					e End of the Tax Ye	ar
	Total number of conservation easements					
	Total acreage restricted by conservation ease					
	Number of conservation easements on a cert			. 2c		
C	Number of conservation easements included historic structure listed in the National Regist	ter		. 2d		
3	Number of conservation easements modified, tratax year	ansferred, released, extinguished, or	terminated by the	e organization during	he	
4	Number of states where property subject to o	conservation easement is located				
5	Does the organization have a written policy r		inspection, hand	dling of violations,		
	and enforcement of the conservation easeme				Yes No	
6	Staff and volunteer hours devoted to monitoring,	, inspecting, handling of violations, a	ind enforcing cons	servation easements of	luring the year	
7	Amount of expenses incurred in monitoring, insp	pecting, handling of violations, and e	nforcing conserva	ation easements durin	g the year	
8	Does each conservation easement reported of and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requ	irements of sect	tion 170(h)(4)(B)(i)	∀es No	
9	In Part XIII, describe how the organization re include, if applicable, the text of the footnote conservation easements.	eports conservation easements in to the organization's financial sta	its revenue and atements that de	expense statement scribes the organiza	and balance sheet, and to the stance sheet, and the stance sheet is accounting for	and r
Par		ollections of Art, Historical I "Yes" on Form 990, Part IV, line 8	Treasures, o	r Other Similar <i>i</i>	Assets.	
1 a	If the organization elected, as permitted undenstorical treasures, or other similar assets heart XIII the text of the footnote to its financial	eld for public exhibition, education	n, or research in	tement and balance furtherance of publi	sheet works of art, c service, provide ir	า
k	If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items:	for public exhibition, education, or re-	esearch in furthera	ance of public service	, provide the	
	(i) Revenue included on Form 990, Part VIII(ii) Assets included in Form 990, Part X	I, line 1		9	S	
	If the organization received or held works of art, amounts required to be reported under FASE					
a	Revenue included on Form 990, Part VIII, lin	e 1			<u> </u>	
t	Assets included in Form 990, Part X					

Part III Organizations Main	taining Col	iections of	Art, Histor	ricai i reasures, c	or Other Similar As	ssets	(contii	<u> пиеа)</u>	
3 Using the organization's acquisition items (check all that apply):	, accession, a	nd other record		· ·	ake significant use of its	collectio	n		
a Public exhibition		d		xchange program					
b Scholarly research		е	Other _						
c Preservation for future gener									
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5 During the year, did the organiza to be sold to raise funds rather the	nan to be mai	ntained as pa	art of the orga	nization's collection?		Yes		No	
Part IV Escrow and Custod reported an amount on Fo	ial Arrange orm 990, Part I	ements. Cor X, line 21.	nplete if the oi	rganization answered	"Yes" on Form 990, Par	t IV, line	∍ 9, or		
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or other int	ermediary for	contributions or othe	r assets not included	Yes	Γ	No	
b If "Yes," explain the arrangement in	n Part XIII and	complete the	following table:					<u> </u>	
						Amount	t		
c Beginning balance					1c				
d Additions during the year					1 d				
e Distributions during the year					1 e				
f Ending balance					1f				
2a Did the organization include an a	mount on For	m 990, Part 2	X, line 21, for	escrow or custodial	account liability?	Yes		No	
b If "Yes," explain the arrangemen	t in Part XIII.	Check here it	f the explanati	ion has been provide	d on Part XIII			٦	
							<u></u>	_	
Part V Endowment Funds.	Complete if the	ne organizatio	n answered "Y	'es" on Form 990, Par	t IV, line 10.				
	(a) Current	year	(b) Prior year	(c) Two years back	(d) Three years back	(e) [Four years	s back	
1 a Beginning of year balance									
b Contributions									
• Not investment comings acins						1			
c Net investment earnings, gains, and losses									
d Grants or scholarships						+			
e Other expenditures for facilities						-			
and programs						+			
f Administrative expenses						 			
g End of year balance									
2 Provide the estimated percentage		nt year end b	•	g, column (a)) held a	is:				
a Board designated or quasi-endov			8						
b Permanent endowment	<u></u> %								
c Term endowment	% %								
The percentages on lines 2a, 2b, a	nd 2c should e	qual 100%.							
3a Are there endowment funds not in t	he possession	of the organiz	ation that are h	neld and administered	for the	-			
organization by:	·	-					Yes	No	
(i) Unrelated organizations						. 3a(i)			
(ii) Related organizations						. 3a(ii)			
b If "Yes" on line 3a(ii), are the rel	ated organiza	tions listed a	s required on	Schedule R?		. 3b			
4 Describe in Part XIII the intended	d uses of the	organization's	s endowment	funds.					
Part VI Land, Buildings, an	d Equipme	nt.							
Complete if the organizati	on answered '	'Yes" on Form	990, Part IV,	line 11a. See Form 99	0, Part X, line 10.				
Description of property		(a) Cost or ot (investm	her basis nent)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	alue	
1 a Land									
b Buildings							_		
c Leasehold improvements									
d Equipment				18,257.	16,102.		2.	,155.	
e Other				445.	445.			0.	
Total. Add lines 1a through 1e. (Colum		gual Form 990	D, Part X. colu				2	,155.	
BAA	• • • • • • • • • • • • • • • • • • • •		,			ule D (Fo			

Schedule D (Form 990) 2022

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Complete if the organization answered "Yes" on Form 990, Part IV, Inte 115. See Form 990, Part X, Inte 12. (a) Description of search as category, (including name of search) (b) Book value (c) Method of valuations but or each of year names value (d) Method of valuations but or each of year names value (e) Method of valuations but or each of year names value (f) Form 990, Part X, Inte 12. (g) Description of Investments — Program Related. (g) Description — Program Related. (g) Desc	Part VII	Investments — Other Securities. Complete if the organization answered "Ves" or	Form 990 Part IV line	N/A 11h See Form 990 Part V line 12	
(2) Closely held equity interests. 3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(a) Descri	· · ·		•	of-vear market value
(2) Other (3) Other (4) Other (4) Other (5) Ot			(4) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(c) meaned or tanadasin cook or one	
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(G)	_				
(G)	(B)				
(G)	(C)				
(G)	(D)				
(G)	(E)				
(G) (Total: (Column (D) must equal Form 990, Part X, column (B) line 12). Part VIII Investments — Program Related. (On Book value (D) Book value (D) Method of valuation: Cost or end-of-year market value (D) (D) Book value (D) Method of valuation: Cost or end-of-year market value (D) (E) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
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Investments - Program Related. N/A		(h) must equal Form 990, Part X, column (R) line 12.)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (d) (d) (d) (d) (d) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				M / Δ	
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain	(11)				
				nancial statements that reports the organization's	s liability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return. N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b.	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Doturn N/A
·	return. N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	r Keturii. N/A
·	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 a 2 b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of facilities. 2 Donated Services and Use of facilities.	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	2 e
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	2 e
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	2 e
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	2e 3
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	2e 3
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	2e 3

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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 Green Foothills Foundation Employer identification number 94-6121854 dba Green Foothills Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key Yes X No **b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (i) Name and address of individual (iii) Did fundraiser (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2022 Green Foothills Foundation 94-6121854 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (c) Other events (a) Event #1 (b) Event #2 (add column (a) Nature's Inspi None through column (c) (event type) (event type) (total number) Revenue **1** Gross receipts..... 292,813. 292,813. 2 Less: Contributions..... 269,183. 269,183. **3** Gross income (line 1 minus line 2)..... 23,630 23,630. Direct Expenses Rent/facility costs..... **7** Food and beverages 39,542 39,542. **9** Other direct expenses..... 77,577. 77,577. 117,119. Net income summary. Subtract line 10 from line 3, column (d)..... -93,489. Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming Revenue (add column (a) through column (c)) (a) Bingo bingo/progressive bingo (c) Other gaming Gross revenue..... Direct Expenses **2** Cash prizes...... Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)..... **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?..... **b** If "No," explain:

10 a Were any of the organization's gamin b If "Yes," explain:	ng licenses revoked, suspende	d, or terminated during the tax	year?	Yes	No
BAA	TEEA3702L	07/05/22	Schedul	e G (Form	990) 2022

Schedule G (Form 99	90) 2022	Green Foothi	lls Foundation	94-6	5121854	Page 3
11 Does the organ	ization conduct g		onmembers?		Yes	No
			st, or a member of a partnership or othe		Yes	No
		activity conducted in:		-	ا ۔ ا	0
	-				3a	<u> </u>
	-		ne organization's gaming/special events		3 b	%
Name						
Address						
b If "Yes," enter of gaming reve	the amount of gar nue retained by tl ame and address o	ming revenue received the third party \$ of the third party:	y from whom the organization receive by the organization \$	and the a	mount	No
Address _						
16 Gaming manag	er information:					
Name	. – – – – –					
Gaming manag	er compensation	\$				
Description of	services provided					
Director/off	ïcer	Employee	Independent contractor	ſ		
17 Mandatory dist	ributions:					
a Is the organizati	on required under s	state law to make charita	able distributions from the gaming proce	eds to retain the		
					·····Yes	No
		equired under state law t ities during the tax yea	to be distributed to other exempt organiz ar \$	ations or spent in the		
Part IV Supple and Pa	mental Inform	nation. Provide the 9b, 10b, 15b, 15c,	explanations required by Part 16, and 17b, as applicable. Al			v);

BAA TEEA3703L 0705/22 Schedule G (Form 990) 2022

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Green Foothills Foundation dba Green Foothills

Employer identification number

94-6121854

Par	t I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/ Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant			
	Form 990 of other organizations X Approval by the board or compensation committee			
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment?			Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?			X
С	Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		X
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		Х
		8		$\stackrel{\wedge}{\vdash}$
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<u>-</u>		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Megan Fluke	(i)	143,368.	0.	0.	1,442.	8,945.	153,755.	0.
1 Executive Dir.	(ii)	0.	0.	0.	$\frac{1}{0}$.	0.	0.	0.
	(i)							
	(ii)				T		T	
	(i)						L	
	(ii)							
	(i)						L	
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	(i) (ii)				 		 	
10 DA4	(II)							(F 000) 0000

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TEEA4102L 07/25/22

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Green Foothills Foundation dba Green Foothills

Inspection Employer identification number

94-6121854 Types of Property Part I (a) (b) (c) (d) Method of determining noncash contribution amounts Chèck if Number of Noncash contribution applicable contributions or amounts reported on Form 990, items contributed Part VIII, line 1g Art — Works of art..... Art — Historical treasures..... Art — Fractional interests..... Books and publications..... 4 5 Clothing and household goods..... 6 7 Boats and planes..... 8 Intellectual property..... 9 X 34,953. FMV Securities - Closely held stock..... Securities - Partnership, LLC, or trust interests. 11 Securities - Miscellaneous..... Qualified conservation contribution -13 Historic structures Qualified conservation contribution — Other. 14 15 Real estate - Commercial..... 16 17 Real estate – Other..... 18 19 Food inventory..... 20 Taxidermy..... 21 Historical artifacts.... Scientific specimens..... 23 24 Archeological artifacts..... 25 Other 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the 29 organization completed Form 8283, Part V, Donee Acknowledgement..... 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?..... 30 a **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?.... 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 a

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

b If "Yes." describe in Part II.

describe in Part II.

Schedule M (Form 990) 2022

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA TEEA4602L 07/12/22 Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule O (Form 990) 2022

Department of the Treasury Internal Revenue Service Name of the organization

Green Foothills Foundation dba Green Foothills

Employer identification number 94-6121854

Form 990, Part III, Line 4a - Program Service Accomplishments

Advocacy, Education, and Grassroots Action. Green Foothills is the champion for nature and wildlife in San Mateo and Santa Clara Counties. Advocacy, education, and grassroots action has been our long-standing vehicle for change. The desired impacts of our work are: 1) Land use decisions affirm and support open space, biodiversity, climate resilience, and natural resources and 2) Diverse leaders and communities champion conservation and inclusion. We achieve this by: a) Engaging in Local Land Use Issues: We engage in land use policy, proposals, and planning processes that pose an opportunity or threat to our natural environment. We conduct thorough research and seek community input to inform our advocacy goals, b) Educating Decision Makers and Community Leaders: We provide the support and information needed for current and future decision makers to be champions for conservation and inclusive public processes, c) Partnering With and Mobilizing Community Members: We bring together and mobilize people to effectively navigate the land use process. We train, mentor, and learn from diverse leaders and communities in equitable, inclusive environmental In 2022, we championed the closure of Lehigh Quarry and cement plant, activism. protected green space in San Jose as the city adds much-needed housing, and worked to stop development in high fire-hazard severity zones. We were steadfast in our ongoing work to protect the Stanford Foothills from an expanding campus, Bay wetlands from excessive office development, Covote Valley from increased commercial development along the Coyote Creek corridor, the Amah Mutsun's most sacred site - Juristac - from a proposed open-pit sand and gravel mine near Gilroy, and thousands of miles of rangeland in San Benito County from urban sprawl. We are also excited to announce that we are in the planning stages of developing Spanish language materials for our Leadership Program. 2023 will be the 10th anniversary of this program which has now

TEEA4901L 07/22/22

Employer identification number 94-6121854

Form 990, Part III, Line 4a - Program Service Accomplishments

leadership throughout San Mateo, Santa Clara, and San Benito Counties. In addition to this, we are supporting and resourcing the groups and people who are key partners in our mission to protect local nature. This includes providing staffing and grant writing support to the Muwekma Ohlone Preservation Foundation and Calpulli Tonalehqueh. (greenfoothills.org/publications). 2022 Impact metrics:Our advocates engaged on 23 land use issues in 2022. From the coast to the Baylands, from the valley to the hillsides, we gave a voice to the most at-risk habitats. 57,267 acres of open space protected or benefitted, 5 victories achieved out of 8 concluded land use issues, 13 key wildlife and plant species benefited, 2 policies or plans adopted by governmental agencies, 23 land use issues in total monitored and advocated, 14 were in collaboration with a total of 110 tribes, organizations, and community leaders, 39,363 comment letters sent in response to our 17 calls to action with 14 favorable outcomes, 155 additional letters were in response to our call to thank legislators for their vote.

Form 990, Part VI, Line 11b - Form 990 Review Process

The Form 990 is reviewed by the Executive Director, the Finance Committee and Finance personnel prior to filing, and copies are also provided to the Board for their review.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The policy is signed annually by all Board members and staff. Executive Director and the Executive Committee are responsible for monitoring issues related to conflict of interest. Board and / or staff are expected to raise any concerns they may have. Board members are asked to recuse themselves from a meetings where issues with potential conflicts may arise. Discussion is brought first to the Executive Committee of the Board, and then to the full Board if necessary.

Schedule O (Form 990) 2022 Page 2

Name of the organization Green Foothills Foundation dba Green Foothills

Employer identification number 94-6121854

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Committee of the Board, and they conduct the Executive Director's salary and performance review. At that time, goals are set for the following year. Salary recommendations are made during the budget preparation process during January and February, and approved along with the adoption of the new budget in March. The Committee carefully reviews recent salary surveys focusing on comparable nonprofits, e.g. similar sized Bay Area environmental nonprofits to make sure the salaries are aligned with our compensation philosophy and well supported with survey data.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Copies of governing documents, policies and financial statements are made available upon reasonable request.

BAA Schedule O (Form 990) 2022