

GREEN AMERICA 1612 K STREET, NW, 1000 WASHINGTON, DC 20006

## DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

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### DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

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			** PUBLIC DISCLOSURE COPY Return of Organization Exempt Fro	ر ** om Ir	ncome Tax	ļ	OMB No. 1545-0047		
For	m g	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co			ns)	2023		
Dep		Open to Public							
Inter	nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the				Inspection		
			ar year, or tax year beginning $APR \ 1$ , $\ 2023$ and end	ding <u>M</u>	AR 31, 2024				
B Check if applicable: C Name of organization D Employer identification									
	Addro Chang Name	ge GREE	16						
	chan	46							
	returr Final	1612		om/suite	E Telephone numbe		17		
	lreturi termi ated	n-	pown, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		11,004,063.		
Г	Amer	nded TATA CU	INGTON, DC 20006		H(a) Is this a group re				
	Appli		nd address of principal officer: ALISA GRAVITZ		for subordinates				
	pend		AS C ABOVE		H(b) Are all subordinates in				
1	Tax-e>	empt status:	X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or [	527			See instructions		
J	Webs	ite: WWW.	GREENAMERICA.ORG		H(c) Group exemption	on nu	mber		
ĸ	Form o	of organization:	X Corporation Trust Association Other	L Year c	of formation: 1989	<b>v</b> Sta	te of legal domicile: DC		
P	art I	Summary							
Ð	1		e the organization's mission or most significant activities: GREEN						
Governance			BLE AND MEMBERSHIP ORGANIZATION THAT				BERS AND		
er në	2	Check this bo		of more t	1	sets.	4 -		
Ň	3						15		
			ependent voting members of the governing body (Part VI, line 1b)			–	11		
es	5		of individuals employed in calendar year 2023 (Part V, line 2a)			–	51		
Activities &	6		of volunteers (estimate if necessary)			–	10		
Act	7a		business revenue from Part VIII, column (C), line 12				<u>64,220.</u> 0.		
	d	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		├──	Current Year		
		Contributions	and grants (Dart ) (III line 1h)		4,055,051.		7,239,030.		
ne	8		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)		297,810.	<u> </u>	240,441.		
Revenue	10	0	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		298,855.		717,733.		
Be	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		62,613.	<u> </u>	80,035.		
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,714,329.	<u> </u>	8,277,239.		
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		184,400.	$\vdash$	116,797.		
	14		o or for members (Part IX, column (A), line 4)		0.		0.		
ú	45		compensation, employee benefits (Part IX, column (A), lines 5-10)		3,824,952.		4,480,405.		
Expenses	16a		Indraising fees (Part IX, column (A), line 11e)		0.		0.		
Der	b		ng expenses (Part IX, column (D), line 25) 534,841	•					
Щ	17		s (Part IX, column (A), lines 11a-11d, 11f-24e)		2,145,121.		2,443,575.		
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,154,473.		7,040,777.		
	19	Revenue less	expenses. Subtract line 18 from line 12		-1,440,144.		1,236,462.		
or	9				ginning of Current Year		End of Year		
sets	<b>1</b> 20	Total assets (F	Part X, line 16)		<u>16,553,173.</u>		18,472,837.		
Net Assets or	21		(Part X, line 26)		1,255,569.		1,119,719.		
			und balances. Subtract line 21 from line 20		15,297,604.		17,353,118.		
	art II	•							
			declare that I have examined this return, including accompanying schedules and			y knov	wledge and belief, it is		
true	e, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which	preparer l	has any knowledge.				

Sign	Signature of offi	icer			Date						
-	ALISA GE										
Type or print name and title											
	Print/Type prepa	arer's name	Date	Check	PTIN						
Paid	NEIL E.	BERGER	NEIL E.	BERGER	12/17	/24 self-employed	P00102223				
Preparer	Firm's name	ADEPTUS ADVISORS	LLC			Firm's EIN 92-	1472936				
Use Only	Firm's address	3311 OLNEY SANDY	SPRING R	D							
OLNEY, MD 20832-1411 Phone no. 301-929-9											
May the IF	May the IRS discuss this return with the preparer shown above? See instructions										
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(202

	990 (2023) GREEN AMERICA	52-1660746	Page					
Pai	t III Statement of Program Service Accomplishments		X					
1	Check if Schedule O contains a response or note to any line in this Part III		🕰					
•	TO HARNESS ECONOMIC POWERTHE STRENGTH OF CONSUMERS, I	INVESTORS .						
	BUSINESSES, AND THE MARKETPLACETO CREATE A SOCIALLY J							
	ENVIRONMENTALLY SUSTAINABLE SOCIETY.							
2	Did the organization undertake any significant program services during the year which were not listed on the							
	prior Form 990 or 990-EZ?	Yes	XNC					
	If "Yes," describe these new services on Schedule O.		<b></b>					
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s?Yes	XNC					
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expenses						
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or	• •						
	revenue, if any, for each program service reported.	anoro, ano totar oxponoco, a						
4a	(Code:) (Expenses \$ 2,171,495. including grants of \$ 862. ) (R	evenue \$ 10,	569.					
	CONSUMER EDUCATION:	······						
	GREEN LIVING - THROUGH PUBLICATIONS, WEBSITES, EMAIL NE		~					
	WEBCASTS, AND SOCIAL MEDIA, PROVIDES PUBLIC EDUCATION (							
	INCLUDING REDUCING ENERGY AND RESOURCE USE, AVOIDING TO AND RECYCLING, INCLUDING:	JAINS, REUSING						
	AND RECICLING, INCLODING:							
	GREEN AMERICAN - A MAGAZINE COVERING THE SOCIAL AND ENV	VIRONMENTAL						
	ISSUES OF OUR TIME.							
	ACTION E NEWSLETTER - PROVIDES GREEN LIVING INFORMATION							
	OPPORTUNITIES TO TAKE ACTION FOR A GREEN ECONOMY AND CO		1.00					
4b	(Code:) (Expenses \$ 650,424. including grants of \$ 374.) (R INNOVATIVE GREEN BUSINESS PROGRAMS:	evenue \$ 3 ,	166.					
	GREENPAGES.ORG - A DIRECTORY OF GREEN BUSINESSES TO HEI	LP CONSUMERS F	IND					
	BUSINESSES THAT HELP GROW THE GREEN ECONOMY.							
	GREEN BUSINESS NETWORK - HELPS GREEN BUSINESSES GROW,		ARN					
	HOW TO ADOPT THE MOST RIGOROUS SUSTAINABILITY PRACTICES	5.						
	GREEN BUSINESS WEBINARS - GREEN BUSINESS WEBINARS ARE H		<u></u>					
	THE YEAR FOR OUR BUSINESS MEMBERS AND ALLIES.	ALLD THROUGHOU	<u>.</u> T.					
	THE TEAR FOR OUR BUSINESS MEMBERS AND ALLIES.							
4c	(Code:) (Expenses \$ 3,413,145. including grants of \$115,561. ) (R	evenue \$ 16,	612.					
	CENTER FOR SUSTAINABILITY SOLUTIONS:							
	WORKS ON BRINGING INNOVATIVE GREEN ECONOMY SOLUTIONS TO							
	INCLUDING SUPPLY CHAIN SOLUTIONS. INNOVATION NETWORKS INCLUDE:							
	CLEAN ELECTRONICS PRODUCTION NETWORK: WORKS TO REMOVE 5	TOXIC CHEMICAL	S					
	FROM THE ELECTRONIC SUPPLY CHAIN.		<u> </u>					
	SOLAR CIRCLE: WORKS TO ACCELERATE THE ADOPTION OF SOLAR	R ENERGY TO BE						
	50% OF ENERGY BY 2050.							
	SOIL & CLIMATE ALLIANCE: WORKS TO ACCELERATE FARMING PH	RACTICES THAT						
4d		545.)						
40	(Expenses \$ 111,926. including grants of \$ ) (Revenue \$         Total program service expenses       6,346,990.	J±J•)						
10		Form	<b>990</b> (202					
32002	SEE SCHEDULE O FOR CONTINUATION		, · -					
	4							
312	17 140897 25608.001 2023.05010 GREEN AMERIC	A	2560					

Form	990	(2023)
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Form 990 (2023) GREEN AMERICA
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	X	
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? If "Yes," complete Schedule C, Part I	3		<u> </u>
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	X	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		<u> </u>
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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		v	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u>_</u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	<u></u>	
IZa		12a	х	
h	Schedule D, Parts XI and XII	120		
D		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I. See instructions	17		Х
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
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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	X	
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Form 990 (2023) GREEN AMERICA
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		165	No
	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? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
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		<u> </u>
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		X X
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		<u>x</u>
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	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	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? <i>If</i>	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
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? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		
~~	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	200	х	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	~	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 68		103	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
2	(gambling) winnings to prize winners?	1c	х	
332004	↓ 12-21-23	Form	990	(2023)
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Par	<b>TV</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)		Vee	Na				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No				
Lu	filed for the calendar year ending with or within the year covered by this return 2a 51							
b	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	2b 3a	X X					
	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O							
	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		X				
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		<u>X</u>				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		X				
	, <b>o</b>							
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	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h								
8								
	sponsoring organization have excess business holdings at any time during the year?							
9								
	a Did the sponsoring organization make any taxable distributions under section 4966?							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b							
	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders 11a							
	Gross income from other sources. (Do not net amounts due or paid to other sources against							
-	amounts due or received from them.)							
12a	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							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	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 13b							
	Enter the amount of reserves on hand 13c							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			77				
	excess parachute payment(s) during the year?	15		X				
40	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
47	If "Yes," complete Form 4720, Schedule O.							
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?	47						
	If "Yes," complete Form 6069.	17						
332005	12-21-23	Form	990	(2023)				
			-	·/				

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-	990 (2023) GREEN AMERICA <b>t VI</b> Governance, Management, and Disclosure. For each "Yes" response to lines 2 to	hrough		16607		۲ مومود	age
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O			inu ioi a	110 1	espor	126
							Σ
Sec	Check if Schedule O contains a response or note to any line in this Part VI						4
						Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		15		103	
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	-	ny other				
2	official and the share the state of the stat				2		2
3	Did the organization delegate control over management duties customarily performed by or under the			, F	~		
U			•		3		2
4	Did the organization make any significant changes to its governing documents since the prior Form 9		filed?		4		2
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization become aware during the year of a significant diversion of the organization s ase				6	Х	1
	Did the organization have members of stockholders, or other persons who had the power to elect or ap			······  -	0	- 23	$\vdash$
7a					7a	х	
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st		 doro or	F	1a	21	
a					76	х	
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			·····	7b	77	
8		-	-		8-	Х	
	The governing body?				8a o⊾	X	$\vdash$
	Each committee with authority to act on behalf of the governing body?			······	8b		$\vdash$
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real				9		2
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		1 2
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			Yes	
10-2	Did the organization have local chapters, branches, or affiliates?			Г	10a	165	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			F	10a		1 -
b		•			10b		
44~	· · · · · · · · ·		o filina tho f	····· ⊢	11a	Х	$\vdash$
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	belon			11a	<u></u>	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a 12b	X	$\vdash$
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			·····	120	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "}	,			10-	х	
40	on Schedule O how this was done				12c	37	$\vdash$
13	Did the organization have a written whistleblower policy?				13	X X	$\vdash$
14 45	Did the organization have a written document retention and destruction policy?			·····  -	14	<u></u>	
15	Did the process for determining compensation of the following persons include a review and approva	i by inc	ependent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official				15a	Х	2
b	Other officers or key employees of the organization			·····	15b		-
	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 arranger						
	taxable entity during the year?			·····  -	16a		Σ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?		<u></u>		16b		
sec	tion C. Disclosure						-
17	List the states with which a copy of this Form 990 is required to be filedAK, AL, AR, CA, C						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-	T (section 5	01(c)(3)s o	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a						
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	l records				
	THE ORGANIZATION - 202-872-5341						
	1612 K STREET, N.W. #1000, WASHINGTON, DC 20006					0.00	
32006	SEE SCHEDULE O FOR FULL LIST OF STATES				Form	990	(20
	8						
	17 140897 25608.001 2023.05010 GREEN AM		<b>7 7</b>			25	6

Form 990 (2023) GREEN AMERICA	52-1660746	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C	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		
<ul> <li>1a Complete this table for all persons required to be listed. Report compensation for the calendar year endin</li> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), i</li> </ul>	5	,

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-NEĆ) 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		l	mzu			ipen	ourc			( <b>-</b> )
(A)	(B)			( <b>(</b>				(D)	(E)	(F)
Name and title	Average Position (do not check more than one					than c		Reportable	Reportable	Estimated
	hours per		ox, unless person officer and a direct					compensation	compensation	amount of
	week (list any	or					,	from the	from related organizations	other compensation
	hours for	direct				q		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	ial tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual trustee or director	In stitutional trustee	er	Key employee	Highest compensated employee	ler			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) T. LARSEN	50.00									
EXECUTIVE CO-DIRECTOR						Х		121,193.	0.	13,186.
(2) K. HARGET	40.00									
DIRECTOR OF DEVELOPMENT AND ORGANIZA						Х		113,634.	0.	11,472.
(3) P. BRODY-HEINE	40.00									
SENIOR DIRECTOR CLEAN ELECTRONICS PR						Х		113,160.	0.	1,371.
(4) D. GREENIA	40.00									
HR DIRECTOR						Х		111,757.	0.	13,676.
(5) C. SCHWENGEL	40.00									
DIRECTOR OF MAJOR GIFTS		1				X		105,177.	0.	16,119.
(6) A. GRAVITZ	60.00									
PRESIDENT/CEO		Х		х				103,641.	Ο.	14,496.
(7) A. HARDEN	40.00									
WORKER MEMBER REPRESENTATI		X						80,893.	0.	10,223.
(8) J. HULSE-DILLON	40.00									
SECRETARY, SENIOR DIRECTOR SOIL AND		Х		х				91,725.	Ο.	13,868.
(9) E. KRISS	40.00									
MANAGER FOOD CAMPAIGNS		Х						72,820.	Ο.	7,032.
(10) D. BURNS	2.00									
BOARD MEMBER		Х						0.	Ο.	0.
(11) J. DOWDELL	2.00									
BOARD MEMBER		Х						0.	Ο.	0.
(12) G. GRANT	2.00									
BOARD MEMBER		x						0.	Ο.	0.
(13) S. NEWMARK	2.00									
BOARD MEMBER		х						0.	0.	0.
(14) P. REITER	2.00									
BOARD MEMBER		х						0.	0.	0.
(15) M. WILSON	2.00									
BOARD MEMBER		x						0.	0.	0.
(16) J. LINEBERGER	2.00									
CO-CHAIR		х		x				0.	0.	0.
(17) K. JONES	2.00									
CO-CHAIR		х		x				0.	0.	0.
332007 12-21-23										Form <b>990</b> (2023)

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Form 990 (2023)

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Form 990 (2023) GREEN AME									52-1	660	7 <b>46</b> Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
(A) (B) (C) Nome and title Average Position						(D) (			(F)		
Name and title	Average		not c	heck ı	more t	than o		Reportable	Reportable		Estimated
	hours per week					s both r/truste		compensation	compensatio		amount of
	(list any	tor					,	- from the	from related organization		other compensation
	hours for	direct				q		organization	(W-2/1099-MIS		from the
	related	tee or	istee			ensate		(W-2/1099-MISC/	1099-NEC)		organization
	organizations	l trust	nal tru		oyee	som pe		1099-NEC)			and related
	below	Individual trustee or director	Institutional trustee	cer	ƙey employee	Highest compensated employee	Former				organizations
	line)	Indi	Inst	Officer	Key	Hig emi	For				
(18) D. PANJWANI	2.00	x		x				0.		Ο.	0.
CO-CHAIR (19) B. QUIRK-GARVAN	2.00	Δ		^				0.		0.	0.
TREASURER	2.00	х		x				0.		0.	0.
(20) T. TAVARAS	2.00									••	
TREASURER		х		х				0.		Ο.	0.
1b Subtotal								914,000.		0.	101,443.
c Total from continuation sheets to Part VI								0.		0.	0.
d Total (add lines 1b and 1c)								914,000.			101,443.
2 Total number of individuals (including but n compensation from the organization	or infined to th	ose	liste	u au	ovej	) wric	JIE	eceived more than \$100,		•	6
compensation nom the organization											Yes No
<b>3</b> Did the organization list any <b>former</b> officer,	director. truste	ee. k	ev e	empl	ovee	e. or	hia	hest compensated emp	ovee on		
line 1a? If "Yes," complete Schedule J for si			-	•	-		Ŭ				3 X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150											4 X
5 Did any person listed on line 1a receive or a	,		'								
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich r	oerso	on					5 X
Section B. Independent Contractors											
1 Complete this table for your five highest con	•	•							•	pensat	tion from
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith o	or wit	hin		ear.		(0)
(A) Name and business	address							<b>(B)</b> Description of s	ervices	С	(C) compensation
SOIL REGEN, LLC								SOIL CARBON			
1181 E CREEKVIEW DR, SALA	DO, TX	76	57	1				INITIATIVE C	ONTRACT		179,497.
FOMENT								VERIFICATION	&		
4475 VT-14, EAST CALAIS, VT 05650 PROGRAM DESIGN CONSU								148,840.			
LEON SEEMANN										4.05 0.04	
12000 GREENLEAF AVE, POTO	MAC, MD	2	08	54			_	ACCOUNTING S			125,231.
PATTON-KIEHL GROUP, INC.		F						PRINTING AND			111 000
P.O. BOX 590, THORNBURG,	VA 2256	S					ļ	SHOP SERVICE	5		114,290.
2 Total number of independent contractors (ir	ncluding but pr	ot lin	niter		those	e list	ed	above) who received mo	ore than		
\$100,000 of compensation from the organiz	•				4						

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ar	t VIII	Statement of Re	ven	ue						
		Check if Schedule O	conta	ains a respo	nse (	or note to any line		(D)	( <u>)</u>	
							<b>(A)</b> Total revenue	(B) Related or exempt	<b>(C)</b> Unrelated	(D) Revenue exclu
								function revenue	business revenue	from tax und sections 512 -
6	1 0	Federated campaigns		1a						560110115 512 -
unts		•• • • • •				506,810.				
nor		Membership dues            Fundraising events								
Ā										
nila		•	ibuti							
Sin		Government grants (contributions)     All other contributions, gifts, grants, and								
her	•	similar amounts not included				6,732,220.				
ö	a	Noncash contributions included in			3	17,957.				
and Other Similar Amounts	9 h					,	7,239,030.			
1						Business Code	. , .			
	2 a	CONSULTING				900099	158,916.			158,9
	b	PUBLICATION SPONSORS	SHIP	S AND AD	/E	513120	81,525.	17,305.	64,220.	
nue	c									
Revenue	d									
ň	е									
	f	All other program service	reve	nue						
		Total. Add lines 2a-2f					240,441.			
	3	Investment income (includ								
		other similar amounts) Income from investment of tax-exempt bond pr				319,773.			319,7	
	4									
	5	Royalties	. <u></u>				66,448.			66,4
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)	) <u></u>							
	7 a	Gross amount from sales of		(i) Securit	ies	(ii) Other				
		assets other than inventory	7a	3,124,7	84.					
	b	Less: cost or other basis								
		and sales expenses	7b	2,726,8						
		Gain or (loss)		397,9						
		Net gain or (loss)			. <u></u>		397,960.			397,9
	8 a	Gross income from fundraisi								
5		including \$								
		contributions reported on		,						
		Part IV, line 18			8a					
					8b	L				
		Net income or (loss) from				·····				
	9 a	Gross income from gamin	-							
		Part IV, line 19			<u>9a</u>	I				
		Less: direct expenses			9b	L				
		Net income or (loss) from			°					
	10 a	Gross sales of inventory, I			1	FEO				
		and allowances			10a					
		Less: cost of goods sold			10b	· · · · · · · · · · · · · · · · · · ·	558.	558.		
+	С	Net income or (loss) from	sales	s of inventor	у		558.	558.		
		MISCELLANEOUS REVENU	TF			Business Code 513140	13 020	13,029.		
an						515140	13,029.	13,029.		
ven	b									
Revenue	c					├				
		All other revenue				L	13,029.			
		Total. Add lines 11a-11d						20.000	64.000	943,0
	12	Total revenue. See instruction	JIIS				8,277,239.	30,892.	64,220.	543,

Form 990 (2023) GREEN AMERICA
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in t	his Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	24,077.	24,077.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	92,720.	92,720.		
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	407,091.	372,431.	6,474.	28,186.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	3,334,578.	2,928,279.	04 549	311,751.
7	Other salaries and wages	3,334,370.	2,920,279.	94,548.	511,751.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,046.	33,562.	1,027.	3 457
9	Other employee benefits	408,507.	360,365.	11,029.	<u>3,457.</u> 37,113.
10	Payroll taxes	292,183.	257,748.	7,890.	26,545.
11	Fees for services (nonemployees):			,	
	Management				
b	Legal				
с	Accounting				
	Lobbying				
е					
f	Investment management fees	91,564.	87,248.	989.	3,327.
g	( °	045 426	000 704	0.050	00 706
	column (A), amount, list line 11g expenses on Sch 0.)	945,436.	906,784.	8,856.	<u>29,796.</u> 5,883.
12	Advertising and promotion	84,990. 5,835.	77,358. 5,202.	<u> </u>	488.
13	Office expenses	231,392.	210,383.	4,814.	16,195.
14 15	Information technology	2J1, JJ2•	210,303.	<u> </u>	10,199.
15 16	Royalties Occupancy	134,517.	118,702.	3,622.	12,193.
17	Travel	243,034.	233,078.	2,280.	7,676.
18	Payments of travel or entertainment expenses		,	,	,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	02.200	00 551	620	0 110
20	Interest	23,320.	20,571.	630.	2,119.
21	Payments to affiliates	8,915.	7,865.	240.	810.
22	Depreciation, depletion, and amortization	25,569.	23,285.	525.	1,759.
23 24	Insurance Other expenses. Itemize expenses not covered	23,303.	25,205.	525.	1,755.
24	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 0.)				
а	POSTAGE AND SHIPPING	312,285.	280,937.	7,181.	24,167.
b	PRINTING AND PUBLICATIO	204,458.	189,199.	3,495.	11,764.
с	BANK AND CREDIT CARD FE	45,034.	39,828.	1,192.	4,014.
d	BAD DEBT	36,257.	31,985.	978.	3,294.
е	All other expenses	50,969.	45,383.	1,282.	4,304.
25	Total functional expenses. Add lines 1 through 24e	7,040,777.	6,346,990.	158,946.	534,841.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	601 722	547 404	12 126	11 013
	Check here X if following SOP 98-2 (ASC 958-720)	601,733.	547,494.	12,426.	<u>41,813.</u>

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Form 990 (2023)

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Form 990 (2023)
Part X Balance Sheet

GREEN AMERICA

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			461,255.	1	179,475.
	2	Savings and temporary cash investments	4,631,400.	2	3,929,822.		
	3	Pledges and grants receivable, net		1,253,541.	3	1,169,549.	
	4	Accounts receivable, net			108,399.	4	2,423,952.
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disquali	fied pers	ons (as defined			
		under section 4958(f)(1)), and persons described		Г		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			172,895.	9	61,206.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		339,905.			
	b	Less: accumulated depreciation		288,039.	38,840.	10c	51,866.
	11	Investments - publicly traded securities			8,325.	11	10,251.
	12	Investments - other securities. See Part IV, line 1	Г		12		
	13	Investments - program-related. See Part IV, line	F		13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	9,878,518.	15	10,646,716.		
	16	Total assets. Add lines 1 through 15 (must equ			16,553,173.	16	18,472,837.
	17	Accounts payable and accrued expenses	484,378.	17	484,436.		
	18	Grants payable			4.4 0.00	18	
	19	Deferred revenue			44,000.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
iliti		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes		22			
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	205 050	23	220 071
	24	Unsecured notes and loans payable to unrelated	325,952.	24	338,971.		
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	,	·	401,239.	05	206 212
		of Schedule D	1,255,569.	25	<u>296,312.</u> 1,119,719.		
	26	Total liabilities. Add lines 17 through 25		X	1,233,309.	26	1,119,719.
ŝ		•	ck nere				
nce	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			4,217,425.	27	2,980,450.
ala	27 28				11,080,179.	28	14,372,668.
Б	20	Net assets with donor restrictions Organizations that do not follow FASB ASC 9			11,000,175.	20	14,572,000.
Fun		and complete lines 29 through 33.	56, chet				
م ا	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ec				30	
Ass	31	Retained earnings, endowment, accumulated in				31	<u> </u>
Net Assets or Fund Balances	32	Total net assets or fund balances			15,297,604.	32	17,353,118.
z	33				16,553,173.	33	18,472,837.
				I	.,,		Form <b>990</b> (2023)

Form **990** (2023)

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Pa	rt 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	8,271		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,040	),7'	<u>77.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	1,236		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,297		
5	Net unrealized gains (losses) on investments	5	819	9,0	52.
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,				
	column (B))	10	17,353	3 <b>,</b> 1:	18.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	О.			
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 reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	Ĺ

Form **990** (2023)

SCHEDULE A
------------

Department of the Treasury Internal Revenue Service

(Form 990)

# **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
2023
Open to Public Inspection

Name of the	organization
-------------	--------------

Name of t	the organization							identification number			
Devt		N AMERICA		2-1660746							
Part I	Reason for Public (					ee instruction	S.				
, Č	ization is not a private found		•		,						
	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3											
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
e 🗆	city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 X	An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	e general j	oublic described in			
	section 170(b)(1)(A)(vi). (C										
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9	An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college			
	or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	e or			
	university:										
10	An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	p fees, and	d gross receipts from			
	activities related to its exem										
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.			
	See section 509(a)(2). (Con	. ,									
11	An organization organized a										
12	An organization organized a										
	more publicly supported or							Check the box on			
	lines 12a through 12d that	• •					-				
a 🗌	<b>Type I.</b> A supporting orga	-	-	• • •	-						
	the supported organization			majority o	of the direc	ctors or trustee	es of the su	ipporting			
. —	organization. You must o	-					()				
b 🗌	<b>Type II.</b> A supporting org										
	control or management o			ame perso	ns that co	ntroi or manag	je tne supp	Dorted			
c	organization(s). You mus <b>Type III functionally inte</b>	•		in connect	ion with	and functional	vintograto	od with			
	its supported organization						y integrate	a with,			
d	<b>Type III non-functionally</b>	. , .	•			-	ted organi:	zation(s)			
u	that is not functionally int										
	requirement (see instructi	•	<b>c</b>	•		•	anatonin				
e	Check this box if the orga		• •				I. Type III				
	functionally integrated, or					.,	·, · <b>,</b> -				
f Ente	er the number of supported of	<i>,</i>	, , , , , , , , , , , , , , , , , , , ,	0 0							
	vide the following informatior										
(	<ol> <li>Name of supported</li> </ol>	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of		(vi) Amount of other			
	organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)			
Total											

	/ <b>F</b>	000	000
Schedule A	(⊢orm	990)	202

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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.)

Se	ction A. Public Support			-	-	-	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4530619.	5346876.	7804443.	4055051.	7239030.	28976019.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4530619.	5346876.	7804443.	4055051.	7239030.	28976019.
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)						6716650.
	Public support. Subtract line 5 from line 4.						22259369.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	4530619.	5346876.	7804443.	4055051.	7239030.	28976019.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	194,389.	186,214.	222,590.	240,771.	386,221.	1230185.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	32,088.	18,068.	17,925.	13,855.	13,029.	
	Total support. Add lines 7 through 10						30301169.
	Gross receipts from related activities,	,	,			12	291,513.
13	First 5 years. If the Form 990 is for the	-	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
<u> </u>	organization, check this box and <b>stop</b>						
	ction C. Computation of Publi		-				72 16
	Public support percentage for 2023 (I			.,,		14	73.46 %
	Public support percentage from 2022					15	80.98 %
168	<b>33 1/3% support test - 2023.</b> If the o						V
	stop here. The organization qualifies		-		line 15 in 00 1/00/		
Ľ	<b>33 1/3% support test - 2022.</b> If the c						
47-	and <b>stop here.</b> The organization qual						
1/8	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	vi now the organiz	
L	meets the facts-and-circumstances te 10% -facts-and-circumstances test	-			-	7a and line 15 is	⊥ 10% or
Ľ	more, and if the organization meets the	-					
	organization meets the facts-and-circl						
18	Private foundation. If the organization				• •		
				.,,,			(Form 990) 2023

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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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization'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						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disgualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	_			ł	•	I
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	6 (f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 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.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
Section C. Computation of Publ					1 1	
<b>15</b> Public support percentage for 2023 (			column (f))		15	%
16 Public support percentage from 2022					16	%
Section D. Computation of Inve					1 1	
17 Investment income percentage for 2					17	%
18 Investment income percentage from						<u>%</u>
<b>19a 33 1/3% support tests - 2023.</b> If the						ine 17 is not
more than 33 1/3%, check this box a						
<b>b 33 1/3% support tests - 2022.</b> If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	JIT UIU NOT CHECK A	box on line 14, 19	a, or 190, Check t	nis box and see in		
332023 12-21-23		17	7		Sched	lule A (Form 990) 2023

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1

Yes No

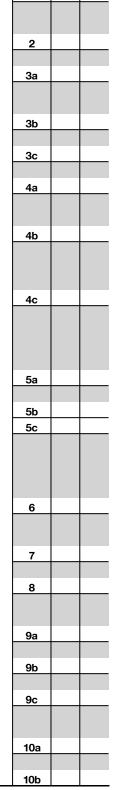
# Part IV Supporting Organizations

(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

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- c 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.
- **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.
- **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.*
- **c** 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.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 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).
- 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).*
- **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.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- c 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.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **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.)

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Schedule A (Form 990) 2023

		(Form 990)			AMERIC
ſ	Part IV	Suppor	ting Org	ganizations <sub>(co</sub>	ontinued)

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% 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	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		

Α

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervi	sed. or con	trolled the su	oportina ora	anization.
Section C.	. Type II 🤅	Supporting	g Organi	zations

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed

 1
 1

Section D.	All Type	III Supporting	g Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisf	, the Integral Part Test during the ve	ar (see instructions).
-	Oneck the box next to the method that the organization used to satisf		<i>a</i> , (eeee

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
C	The organization supported a governmental entity.	Describe in Fait VI now you supported a governmental entity (see instruction <u>s).</u>

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

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

**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.* 

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Schedule A (Form 990) 2023

All other Type III non-functionally integrated supporting organizations must	<u>st complet</u> e S	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c 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		
Section 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 Income tax imposed in prior year	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 integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023 GREEN AMERICA Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations GREEN AMERICA

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_	dule A (Form 990) 2023 GREEN AMERICA			5	2-1660746 Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ied)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
_4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023		AMERICA			52-1660746 <sub>Ра</sub>
Part VI	Part IV, Section A, line 1; Part IV, Sect	lines 1, 2, 3b, 3c, 4b tion D, lines 2 and 3;	, 4c, 5a, 6, 9a, 9b, Part IV, Section E	ons required by Part II, li 9c, 11a, 11b, and 11c; F , lines 1c, 2a, 2b, 3a, and , 5, and 6. Also complete	Part IV, Section B, lines d 3b; Part V, line 1; Part	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
332028 12-21-2	3			22		Schedule A (Form 990)
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# **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2023

Employer identification number

52-1660746

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

## GREEN AMERICA

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set is the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

GREEN	AMERICA		52-1660746
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
1		\$400,0	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		\$ <u>3,000,0</u>	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
3		\$475,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4		\$164,1	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
5		\$150,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
323452 12-26		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2023)

Name of organization

Page **2** 

Employer identification number

	AMERICA		52-1660746
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

25 2023.05010 GREEN AMERICA Page 3

Employer identification number

Name of organization

ame of o	rganization		Employer identification numb
REEN	AMERICA		52-1660746
Part III	Exclusively religious, charitable, etc., contributi	) through <b>(e) and</b> the following line ent charitable, etc., contributions of <b>\$1,000 or l</b>	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hold
Part I	(b) Pulpose of gift	(c) Use of girt	(d) Description of how gift is held
-		(e) Transfer of gif	
-	Transferee's name, address, a 	nd ZIP + 4	Relationship of transferor to transferee
a) No. from			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	
_	Transferee's name, address, a		Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	[
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
		(e) Transfer of gif	ft
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
3454 12-26	-23		Schedule B (Form 990) (2

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SCHEDULE	С
(Form 990)	

Department of the Treasury

Internal Revenue Service

# Political Campaign and Lobbying Activities

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

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.

Nan	ne of organization			E	mplo	yer identification number
_	GREEN A					52-1660746
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527	org	anization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures				
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(	(3).		
	Enter the amount of any excise tax					
	Enter the amount of any excise tax					
	If the organization incurred a sectio					
4a	Was a correction made?					Yes No
	If "Yes," describe in Part IV.					(0)
		anization is exempt und		-	. ,	
	Enter the amount directly expended				. \$_	
2	Enter the amount of the filing organ				•	
•	exempt function activities				\$_	
3	Total exempt function expenditures			,	•	
4	line 17b				Ъ-	Yes No
	Did the filing organization file <b>Form</b> Enter the names, addresses, and er					
5	made payments. For each organiza					
	contributions received that were pro-					
	political action committee (PAC). If			•		0 0
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization' funds. If none, enter	's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

Open to Public

Inspection

23

LHA 332041 11-06-23

Schedule C (Form 990) 2023	GREEN AMER				660746 Page 2
Part II-A Complete if the or	ganization is exe	mpt under sectior	n 501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).					
0 0	0	filiated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	are of excess lobbying				
B Check if the filing organiz	ation checked box A a	and "limited control" pro	ovisions apply.		
	nits on Lobbying Exp nditures" means amo	enditures unts paid or incurred.)		<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to in	fluence public opinion	(grassroots lobbying)		10,280.	
<b>b</b> Total lobbying expenditures to in	• •				
c Total lobbying expenditures (add	lines 1a and 1b)			10,280.	
d Other exempt purpose expenditu				7,030,497.	
e Total exempt purpose expenditures (add lines 1c and 1d)				7,040,777.	
f Lobbying nontaxable amount. En				502,039.	
If the amount on line 1e, column (a)		bbying nontaxable am			
not over \$500,000,	20% o	f the amount on line 1e.			
over \$500,000 but not over \$1,000,000, \$100,000 plus 15% of the excess over \$500,000.					
over \$1,000,000 but not over \$1,500,000, \$175,000 plus 10% of the excess over \$1,000,000.					
over \$1,500,000 but not over \$17	over \$1,500,000 but not over \$17,000,000, \$225,000 plus 5% of the excess over \$1,500,000.				
over \$17,000,000, \$1,000,000.					
g Grassroots nontaxable amount (e	enter 25% of line 1f)			125,510.	
h Subtract line 1g from line 1a. If ze	ero or less, enter -0-			0.	
i Subtract line 1f from line 1c. If ze	ro or less, enter -0			0.	
j If there is an amount other than z	ero on either line 1h o	r line 1i, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for thi	s year?				Yes No
(Some organizations	that made a section	veraging Period Under 501(h) election do not l rate instructions for lir	have to complete all o	of the five columns be	elow.
	Lobbying Exp	enditures During 4-Yea	ar Averaging Period		1
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	(c) 2022	( <b>d</b> ) 2023	<b>(e)</b> Total
2a Lobbying nontaxable amount	387,552	438,900.	457,724.	502,039.	1,786,215.
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					2,679,323.
c Total lobbying expenditures	706	. 2,067.	4,187.	10,280.	17,240.
d Grassroots nontaxable amount	96,888	. 109,725.	114,431.	125,510.	446,554.
e Grassroots ceiling amount (150% of line 2d, column (e))					669,831.

2,067.

706.

Schedule C (Form 990) 2023

17,240.

10,280.

332042 11-06-23

f Grassroots lobbying expenditures

4,187.

# 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)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t	<b>)</b>
	lobbying activity.	Yes	No	Amo	ount
1	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)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	), or sec	tion	
	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				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members				
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		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Prov	de 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 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

332043 11-06-23

SCHE (Form 99	DULE D	Complete if the organiz Part IV, line 6, 7, 8, 9, 10, 1	Financial Statements ation answered "Yes" on Form 990, 1a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		OMB No. 1545-0047
Department on nternal Reve	of the Treasury nue Service		ach to Form 990. for instructions and the latest informatic	n.	Open to Public Inspection
Name of	the organizatio	GREEN AMERICA			r identification number 52-1660746
Dentl	0		Funda av Othav Similar Funda av		
Part I	-	tions Maintaining Donor Advised		Accounts.	Complete if the
	organization	answered "Yes" on Form 990, Part IV, line	δ.		
			(a) Donor advised funds	(b) Funds a	nd other accounts
1 Tot	al number at en	d of year			
		contributions to (during year)			
<b>3</b> Agg	pregate value of	grants from (during year)			
4 Ago	gregate value at	end of year			
5 Did	the organization	n inform all donors and donor advisors in wr	ting that the assets held in donor advised	funds	
		n's property, subject to the organization's ex			Yes No
	-	n inform all grantees, donors, and donor adv	-		
	0	oses and not for the benefit of the donor or c	0 0	,	

	are the organization's property, subject to the organization's exclusive legal control?		Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used on			
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferrin			
	impermissible private benefit?	•	Yes	No
Par		ne 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
	Preservation of land for public use (for example, recreation or education)	ically impo	rtant land area	a
	Protection of natural habitat Preservation of a certific	ed historic	structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con-	servation e	asement on th	ne last
	day of the tax year.	Held	at the End of th	ie Tax Year
а	Total number of conservation easements	2a		
b	Total acreage restricted by conservation easements	2b		
с	Number of conservation easements on a certified historic structure included on line 2a	2c		
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not			
	on a historic structure listed in the National Register	2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ation durin	g the tax	
	year			
4	Number of states where property subject to conservation easement is located			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it holds?		Yes	No No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easement	s during the y	ear
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ments dur	ring the year	
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes	No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stateme	nt and		
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	describes	the	
_	organization's accounting for conservation easements.		-	
Par		nilar As	sets.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balar			
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public	;	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.			
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance s			
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public se	ervice,	
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovide		
	the following amounts required to be reported under FASB ASC 958 relating to these items:			
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			000) 000-
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Sche	edule D (Form	990) 2023
332051	09-28-23			

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Sche	dule D (Form 990) 2023 GREEN AM					52-16	<u>60746</u>	Pa	age <b>2</b>
Par	t III Organizations Maintaining Co	ollections of Art,	Historical Tre	asures, or Oth	er Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or excl	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	empt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	art, historical treas	ures, or other simila	ar assets		_		_
_	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		e if the organization	answered "Yes" or	n Form 990	), Part IV, li	ne 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia						-		7
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:				<u> </u>		
							Amount		
	Beginning balance								
	Additions during the year								
-	Distributions during the year								
f	Ending balance								1.
	Did the organization include an amount on Fo				• • • • • •	L	Yes		<b>∣ No</b>
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds Complete if					<u></u>			
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	vears	back
1a	Beginning of year balance	9,480,126.	10,609,420.		-	170,503.		082,	
h	Contributions	-,	,						
c c	Net investment earnings, gains, and losses	1,421,504.	-467,481.	224,645.	2,	_	411,	730.	
d d	Grants or scholarships	_,	<b>-</b>	, • _ • •			,		
	Other expenditures for facilities								
U	and programs	448,000.	560,000.	525,000.		491,430.		500.	000.
f	Administrative expenses	97,305.	101,813.	,		, .		,	
g	End of year balance	10,356,325.	9,480,126.	10,609,420.	10,	909,775.	9,	170,	503.
2	Provide the estimated percentage of the curre				, ,	,	,		
a	Board designated or quasi-endowment	···· <b>,</b> · ··· · · · · · · · · · · · · · · · ·	%	,					
b	Permanent endowment	%							
с	Term endowment 100 g	%							
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.							
3a	Are there endowment funds not in the posses		ion that are held an	d administered for	the		_		
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)		Х
							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as require	d on Schedule R?				Зb		
4	Describe in Part XIII the intended uses of the		ment funds.						
Par	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	I "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part >	(, line 10.				
	Description of property	<b>(a)</b> Cost or ot basis (investm			Accumulate epreciation		<b>(d)</b> Book	value	e
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment			3,033.	61,1	67.	51	.,80	66.
	Other		22	6,872.	226,8	72.			0.
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X	, line 10c, column	<u>(B))</u>			51	.,80	56.

Schedule D (Form 990) 2023

13481217 140897 25608.001

Complete if the organization answered "Yes"	1	1	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests		_	
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)	1		
(4)	1		
(5)	1		
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	<u>.I</u>		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1) ENDOWMENT FUND			10,356,325
(1) DEPOSITS			9,436
(3) LEASE ROU ASSETS			280,955
			200,555
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			10 646 716
Total. (Column (b) must equal Form 990, Part X, line 15, cc Part X Other Liabilities	<u>и. (В))</u>		10,646,716
	on Form 000 Dort IV line	a 11a ar 11f Saa Earm 000 Dart V line (	15
Complete if the organization answered "Yes"	on Form 990, Part IV, Ine	e Tre of TTI. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) GIFT ANNUITY LIABILITY			5,450
(3) LEASE LIABILITIES			290,862
(4)			
(5)			
(5)			
(5) (6)			
(5) (6) (7)			296,312

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 tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 GREEN AMERICA		1660746 Page 4					
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With F	Revenue per Re	turn				
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.						
1	Total revenue, gains, and other support per audited financial statements			1	9,088,367.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a	819,052. 83,640.					
b	Donated services and use of facilities							
с	Recoveries of prior year grants							
d								
е	Add lines <b>2a</b> through <b>2d</b>			2e	902,692.			
3	Subtract line 2e from line 1			3	8,185,675.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	91,564.					
b	Other (Describe in Part XIII.)	4b						
с	Add lines <b>4a</b> and <b>4b</b>			4c	91,564.			
		_	8,277,239.					
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5				
	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>t XII</b> Reconciliation of Expenses per Audited Financial Stat	tements With	Expenses per F					
	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I. line 12.</i> ) <b>t XII</b> Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With	Expenses per F					
	t XII Reconciliation of Expenses per Audited Financial Stat	ements With 12a.	Expenses per F					
Pa	<b>TXII</b> Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With 12a.	Expenses per F	Returi	n			
Pa 1	Complete if the organization answered "Yes" on Form 990, Part IV, line           Total expenses and losses per audited financial statements	ements With	Expenses per F	Returi	n			
Pa 1 2	TXII         Reconciliation of Expenses per Audited Financial State           Complete if the organization answered "Yes" on Form 990, Part IV, line           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a 2a	Expenses per F	Returi	n			
Pa 1 2 a	TXII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	212a.           2a           2b	Expenses per F	Returi	n			
Pa 1 2 a	TXII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a 2b 2c	Expenses per F	Returi	n 7,032,853.			
Pa 1 2 a b c d	<b>t XII Reconciliation of Expenses per Audited Financial Stat</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	Returi	n 7,032,853. 83,640.			
Pa 1 2 a b c d	<b>t XII Reconciliation of Expenses per Audited Financial Stat</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	Expenses per F	1	n			
Pa 1 2 a b c d e	<b>t XII Reconciliation of Expenses per Audited Financial Stat</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	eturi 1 2e	n 7,032,853. 83,640.			
Pa 1 2 b c d e 3	<b>t XII</b> Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per F	eturi 1 2e	n 7,032,853. 83,640.			
Pa 1 2 a b c d e 3 4	TXII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a       2b       2c       2d	83,640.	eturi 1 2e	n 7,032,853. 83,640. 6,949,213.			
Pa 1 2 a b c d e 3 4 a	<b>TXII</b> Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a         2b         2c         2d         2d	Expenses per F 83,640. 91,564.	eturi 1 2e	n 7,032,853. 83,640. 6,949,213. 91,564.			
Pa           1           2           a           b           c           d           a           b           c           3           4           b           c           5	<b>t XII Reconciliation of Expenses per Audited Financial Stat</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2b         2c         2d	83,640. 91,564.	1 1 2e 3	n 7,032,853. 83,640. 6,949,213.			

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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART X, LINE 2:

THE ORGANIZATION'S MANAGEMENT EVALUATES TAX POSITIONS AND RECOGNIZES A TAX				
LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE				
LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL				
REVENUE SERVICE. THE ORGANIZATION'S MANAGEMENT HAS ANALYZED ITS TAX				
POSITIONS, AND HAS CONCLUDED THAT AS OF MARCH 31, 2024, THERE ARE NO				
UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION OR DISCLOSURE. THE				
ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS;				
HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.				

332054 09-28-23

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GREEN	AMERICA
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Part Am Supplemental mornation (continued)	
	Schedule D (Form 990) 2023
	Schedule D (Form 990) 2023

332055 09-28-23

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection						ction		
Nam	e of the organizatior	n					Employer identifi	cation number
ומי	EEN AMERICA	בר 52_1660					50 16607 <i>4</i>	6
Pa		A 52-166074 Information on Activities Outside the United States. Complete if the organization answered "Ye						
	Form 990, Part IV, line 14b.							
1				maintain record	Is to substantiate the amount of its gra	nts and other a	issistance,	
	the grantees' eligit	bility fo	r the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes 🗌 No
_	_							
2		. Descr	ibe in Part V the	organization's p	procedures for monitoring the use of its	grants and oth	ner assistance outsi	de the
3	United States.							
<u> </u>	(a) Region		n. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d)			(f) Total		
			offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a prog	gram service,	expenditures for and
			in the region	independent	gram services, investments, grants to		specific type	investments
				in the region	recipients located in the region)	of service	s) in the region	in the region
	OPE (INCLUDING			•				
ICEI	LAND & GREENLANI	D)	0	0	RECEIVED GRANT FROM REGION			0.
		T						
	Subtotal	···· Γ	0	0				0.
a	Total from continu sheets to Part I		0	0				٥.
c	Totals (add lines 3	F						<u> </u>
~								

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

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Schedule F (Form 990) 2023

OMB No. 1545-0047

**Open to Public** 

LHA 332071 11-29-23

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and 3b)

SCHEDULE F (Form 990)

Department of the Treasury

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Schedule F (Form 990) 2023	Schedule	F (Form 99	0) 2023
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52-1660746

Schedule F (Form 990) 2023

GREEN AMERICA

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities .

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

## Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

#### Part III can be duplicated if additional space is needed.

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GREEN AMERICA

Schedule F (Form 990) 2023

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

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 GREEN AMERICA
Part V Supplemental Information

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

PART I, LINE 2:

GREEN AMERICA FOLLOWS ACCOUNTING METHODS PRESCRIBED BY U.S. GENERALLY

ACCEPTED ACCOUNTING PRINCIPLES FOR RECOGNITION OF GRANTS AND ASSISTANCE

PROVIDED TO OTHER ORGANIZATIONS OR ENTITIES.

THE AWARDS GIVEN ARE IN RECOGNITION OF OUTSTANDING SUSTAINABILITY

PRACTICES AND MAY BE USED BY THE RECIPIENT FOR ANY PROGRAM CONSISTENT

WITH THEIR MISSION.

Schedule F (Form 990) 2023

332075 11-29-23

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No	. 1545-0047			
(Form 990)	Go	vernments, an	d Individual	s in the Ŭni	ted States		20	)23			
Department of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.										
Internal Revenue Service											
Name of the organization			-				Employer identificat	tion number			
GREEN AME	RICA						52-10	560746			
Part I General Information on Grants a											
<b>1</b> Does the organization maintain records		amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or assis	stance, and the selection					
criteria used to award the grants or assis							X Yes	No No			
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to					anization answord "V	(as" on Form 000 Part	IV line 21 for any				
recipient that received more than s	-				anzation answered i	es off off 350, 1 at					
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose o or assistar				
MAYA ECONOMIC DEVELOPMENT CORPORATION - 1402 JONES STREET - OMAHA, NE 68102	88-2164280	501(C)(3)	12,500.	0.	FMV-CASH		DONATION TO PART FARM SOIL CARBON INITIATIVE.				
QUINN INSTITUTE 325 KAMUT LANE BIG SANDY, MT 59520	93-3331078		10,000.		FMV-CASH		DONATION TO PART FARM SOIL CARBON INITIATIVE.				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

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

Schedule I (Form 990) 2023

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
GRANTS AND OTHER ASSISTANCE TO PARTICIPATING						
FARMS, SOIL CARBON INITIATIVE.	11	92,720.	0.	FMV-CASH		
	1					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### 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

GREEN AMERICA

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE PUBLIC ABOUT THE ROLE THAT PUBLIC AND PRIVATE ENTERPRISE CAN PLAY

IN SOLVING TODAY'S SOCIAL AND ENVIRONMENTAL PROBLEMS. TO SERVE THIS

PURPOSE, GREEN AMERICA CONDUCTS A NUMBER OF ACTIVITIES DESIGNED TO

EDUCATE THE AMERICAN PUBLIC ABOUT THE IMPORTANT ROLE THAT BUSINESSES,

INVESTORS, SUPPLY CHAINS, AND INDIVIDUALS CAN PLAY IN CREATING AN

ECONOMY BASED ON JUSTICE, COOPERATION, ENVIRONMENTAL HEALTH, AND SOCIAL

RESPONSIBILITY. GREEN AMERICA CARRIES OUT ITS MISSION WITHIN THREE KEY

AREAS: CONSUMER EDUCATION, INNOVATIVE GREEN BUSINESS PROGRAMS, AND THE

CENTER FOR SUSTAINABILITY SOLUTIONS, A PROGRAM FOCUSED ON SUPPLY CHAIN

SOLUTIONS TO SOCIAL AND ENVIRONMENTAL PROBLEMS. GREEN AMERICA'S PRIMARY

PUBLICATIONS ARE: GREEN AMERICAN MAGAZINE, YOUR GREEN LIFE, AND THE

GUIDE TO SOCIAL INVESTING & BETTER BANKING (A DIGITAL RESOURCE).

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

RESPONSIBILITY.

GUIDE TO SOCIAL INVESTING & BETTER BANKING - A GUIDE TO HELP PEOPLE

MAKE GREEN INVESTING AND BANKING DECISIONS.

YOUR GREEN LIFE - TIPS AND STRATEGIES FOR GREENING YOUR LIFE,

PURCHASES, AND INVESTMENTS.

CLIMATE AND CLEAN ENERGY - THE CLIMATE & ENERGY PROGRAM GIVES PEOPLE

TOOLS TO REDUCE THEIR OWN CARBON FOOTPRINT WHILE ENCOURAGING THE MOST

POLLUTING CORPORATIONS TO DO THE SAME. THE PROGRAM MOBILIZES CONSUMERS,

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization GREEN AMERICA	Employer identification number $52 - 1660746$
INVESTORS, BUSINESSES, AND INDUSTRY EXPERTS TO ENCOURAGE K	EY STATE,
LOCAL, FEDERAL AND BUSINESS DECISION MAKERS TO ADOPT THE PO	OLICIES AND
REGULATIONS NEEDED TO BRING SOLAR AND WIND ENERGY TO SCALE	AND
INSTITUTE ENERGY EFFICIENCY MEASURES EVERYWHERE. THE PROGRA	AM ENCOURAGES
MAJOR CORPORATIONS TO REDUCE FOSSIL FUEL USE AND OTHER CLI	MATE
POLLUTANTS SUCH AS REFRIGERANTS AND SWITCH TO CLEAN ENERGY	AND OTHER
CLIMATE-FRIENDLY ALTERNATIVES. THE PROGRAM HAS ALSO DEVEL	OPED THE IDEA
OF CLEAN ENERGY VICTORY BONDS AND EDUCATES THE PUBLIC ABOU	T THE
IMPORTANCE OF NEW FINANCING MECHANISMS FOR RENEWABLE ENERG	Y AND ENERGY
EFFICIENCY.	

SKIP THE SLIP - SKIP THE SLIP WORKS TO ENCOURAGE RETAILERS TO SHIFT FROM OFFERING CONSUMERS TOXIC PAPER RECEIPTS THAT SHOULD NOT BE RECYCLED TO PROVIDING DIGITAL RECEIPTS OR NO RECEIPT OPTIONS AND PROVIDING NON-TOXIC PAPER RECEIPTS TO CUSTOMERS THAT REQUEST THEM.

SOCIALLY AND ENVIRONMENTALLY RESPONSIBLE INVESTING AND BANKING - THE SOCIALLY AND ENVIRONMENTALLY RESPONSIBLE INVESTING AND BANKING PROGRAM EXPOSES BANKS THAT PREY ON CONSUMERS THROUGH PREDATORY PRACTICES, AND THAT FINANCE THE FOSSIL FUEL INDUSTRY. THE COMMUNITY INVESTING PROGRAM SUCCESSFULLY PROMOTES COMMUNITY INVESTING SOLUTIONS THAT PROVIDE FINANCIAL SERVICES AND OPPORTUNITIES TO ECONOMICALLY DISADVANTAGED COMMUNITIES THAT ARE UNDERSERVED BY TRADITIONAL FINANCIAL INSTITUTIONS. THE BREAK UP WITH YOUR MEGA-BANK AND GET A BETTER BANK CAMPAIGNS ARE CONDUCTED TO EDUCATE CONSUMERS ABOUT THE IMPACT BANKS AND CREDIT CARDS HAVE ON PEOPLE AND THE PLANET. THE ORGANIZATION ALSO PROVIDES EDUCATION ON FOSSIL FUEL DIVESTMENT AND CLEAN ENERGY INVESTMENT FOR CONSUMERS INTERESTED IN USING INVESTMENT STRATEGIES TO MITIGATE THE CLIMATE 302212 11-14-23 43

GREEN AMERICA

#### CRISIS.

LABOR JUSTICE - THE LABOR JUSTICE PROGRAM REACHES OUT TO CONSUMERS ACROSS THE NATION THROUGH OUR PUBLICATIONS, WEBSITES, TO OPPOSE THE WORST LABOR CONDITIONS THROUGH ITS CAMPAIGNS. GREEN AMERICA CONDUCTS THE TOXIC TEXTILES CAMPAIGN TO EDUCATE THE PUBLIC ABOUT WORKER AND ENVIRONMENTAL EXPOSURE TO TOXINS IN SUPPLY CHAINS AND TO PUT PRESSURE ON COMPANIES TO END THIS EXPOSURE. THE PROGRAM ALSO CALLS OUT LABOR ABUSES IN THE COCOA SECTOR, AND AT MAJOR ONLINE RETAIL GIANTS SUCH AS AMAZON.COM, AND ENCOURAGES MANUFACTURERS TO IMPROVE LABOR CONDITIONS IN THEIR SUPPLY CHAINS. FINALLY, THE PROGRAM ENCOURAGES CONSUMERS TO PURCHASE RESPONSIBLY PRODUCED PRODUCTS.

FOOD CAMPAIGN - THE PURPOSE OF THIS PROGRAM IS TO ACCELERATE THE SHIFT OF THE FOOD SYSTEM FROM INDUSTRIAL AGRICULTURE TO REGENERATIVE, ORGANIC, LOCAL, SUSTAINABLE FOODS. THE CURRENT FOCUS OF THIS PROGRAM IS ON PROMOTING REGENERATIVE AGRICULTURE THAT NOURISHES THE SOIL AND SEQUESTERS CARBON EMISSIONS. THE CLIMATE VICTORY GARDENS CAMPAIGN ENCOURAGES ALL AMERICANS TO PLANT A GARDEN USING REGENERATIVE AGRICULTURE PRACTICES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: INCREASE SOIL HEALTH AND CARBON SEQUESTRATION AS PART OF THE GLOBAL CLIMATE CHANGE SOLUTION. INITIATIVES INCLUDE:

## ADVANCED SOIL HEALTH MANAGEMENT SYSTEMS: VALIDATION AND STRATEGIES FOR

ADOPTION OF INNOVATIVE SOIL SOLUTIONS TO SPEED SOIL REGENERATION.

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Schedule O (Form 990) 2023

REWARDING FARMERS: ADVANCING EFFECTIVE INSTRUMENTS TO SUPPORT THE

FINANCIAL TRANSITION TO INNOVATIVE SOIL HEALTH PRACTICES.

GREEN AMERICA

SOIL CARBON INITIATIVE: STANDARD PROTOCOL TO VERIFY SOIL HEALTH

OUTCOMES AND FACILITATE INVESTMENT IN AND ADOPTION OF SOIL HEALTH

IMPROVEMENT STRATEGIES.

REGIONAL REGENERATIVE SUPPLY COLLABORATION (FORMERLY THE MIDWEST GRAINS

INITIATIVE): WORKS TO INCREASE THE SUPPLY OF GRAINS THAT ARE PRODUCED

WITH BEST PRACTICES FOR WATER QUALITY, SOIL HEALTH AND CARBON

SEQUESTRATION IN THE MIDWEST.

NUTRITION DENSITY ALLIANCE: A COLLABORATION OF FARMERS, FOOD COMPANIES, NUTRITIONISTS, AND HEALTH PROFESSIONALS WITH THE PURPOSE OF EDUCATING CONSUMERS AND THE FOOD INDUSTRY ABOUT THE CONNECTION BETWEEEN SOIL AND HUMAN HEALTH TO DRIVE DEMAND FOR A MORE NUTRITIOUS, REGENERATIVE AND ACCESSIBLE FOOD SYSTEM.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SOLAR CIRCLE

SOLAR CIRCLE IS A NATIONAL NETWORK OF EXPERTS IN THE FIELDS OF SOLAR

ENERGY AND LARGE-SCALE SYSTEMS CHANGE WHO CONVENE ON A REGULAR BASIS TO

SHARE INFORMATION AND STRATEGIES TO MAKE SOLAR POWER AN INCREASINGLY

AFFORDABLE RENEWABLE ENERGY OPTION. SOLAR CIRCLE WORKS TO ACCELERATE

THE ADOPTION OF SOLAR ENERGY TO BE 50% OF ENERGY BY 2050.

#### TREESISTERS

332212 11-14-23

TREESISTERS IS A GLOBAL NETWORK OF WOMEN WHO FUND THE RESTORATION OF

45

Schedule O (Form 990) 2023

GREEN AMERICA

TROPICAL FORESTS AS A COLLECTIVE EXPRESSION OF PLANETARY CARE.

TOTAL OTHER

EXPENSES \$ 111,926. INCLUDING GRANTS OF \$ 0. REVENUE \$ 545.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS THREE CLASSES OF MEMBERS: INDIVIDUAL, ORGANIZATIONAL, AND WORKER. EACH MEMBER HAS ONE VOTE.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION'S MEMBERS HAVE CERTAIN LIMITED VOTING RIGHTS. MEMBERS ELECT THE BOARD OF DIRECTORS (EXCEPT IN THE EVENT OF A VACANCY, IN WHICH CASE THE VACANCY IS FILLED BY A MAJORITY VOTE OF THE REMAINING MEMBERS OF THE BOARD OF DIRECTORS). THE GENERAL DIRECTOR(CEO) OF THE STAFF IS ONE OF THE DIRECTORS BUT ONLY HAS A VOTE IN THE EVENT OF A TIE. OF THE REMAINING DIRECTORS SEVENTY FIVE PERCENT ARE INDEPENDENT DIRECTORS, AND TWENTY FIVE PERCENT ARE WORKER MEMBERS. THE SEVENTY FIVE PERCENT INDEPENDENT DIRECTORS ARE ELECTED AS FOLLOWS: TWENTY-FIVE PERCENT BY INDIVIDUAL MEMBERS, TWENTY-FIVE PERCENT BY ORGANIZATIONAL MEMBERS AND TWENTY-FIVE BY WORKER MEMBERS. IN THE EVENT THAT THE DIRECTORSHIPS TO BE ELECTED BY INDIVIDUAL AND ORGANIZATIONAL MEMBERS ARE AN ODD NUMBER, INDIVIDUAL MEMBERS WILL ELECT THE ODD SEAT. THE BOARD OF DIRECTORS HAS THE RIGHT TO VOTE ON ALL OTHER MATTERS RELATED TO THE ORGANIZATION WITHOUT BEING SUBJECT TO MEMBER APPROVAL.

FORM 990, PART VI, SECTION A, LINE 7B:

MEMBERS OF THE ORGANIZATION CAN CALL A REFERENDUM ON ANY ISSUE.

332212 11-14-23

13481217 140897 25608.001

Schedule O (Form 990) 2023

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE FORM 990 GOES THROUGH TWO LEVELS OF REVIEW. FIRST, THE DRAFT IS REVIEWED BY THE EXECUTIVE DIRECTORS AND CEO AND ANY NECESSARY CHANGES ARE MADE AT THIS POINT. LASTLY, THE FINAL DRAFT IS REVIEWED BY THE BOARD OF DIRECTORS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST: AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER GREEN AMERICA CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE 332212 11-14-23 47

Name of the organization GREEN AMERICA	Employer identification numbe 52-1660746
ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY	Y POSSIBLE UNDER
CIRCUMSTANCES NOT PRODUCING A CONFLICT INTEREST, THE GOVE	ERNING BOARD OR
COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISIN	NTERESTED DIRECTORS
WHETHER THE TRANSACTION OR ARRANGEMENT IS IN GREEN AMERIC	CA'S BEST INTEREST,
FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABI	LE. IN CONFORMITY
WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION A	AS TO WHETHER TO
ENTER INTO THE TRANSACTION OR ARRANGEMENT.	
VIOLATIONS OF THE CONFLICT OF INTEREST POLICY: IF THE GOV	VERNING BOARD OR
COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FA	AILED TO DISCLOSE
ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM	4 THE MEMBER OF THE
BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNIT	TY TO EXPLAIN THE
ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE MEMBER	R'S RESPONSE AND
AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CI	IRCUMSTANCES, THE
GOVERNING BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FA	AILED TO DISCLOSE
AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE	E APPROPRIATE
DISCIPLINARY AND CORRECTIVE ACTION.	
RECORDINGS AND PROCEDINGS: THE MINUTES OF THE GOVERNING E	30ARD AND ALL
COMMITTEES WITH BOARD DELEGATED POWERS SHALL CONTAIN: A)	THE NAMES OF THE
PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A H	FINANCIAL INTEREST
IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTE	REST, THE NATURE
OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE	WHETHER A CONFLICT

OF INTEREST WAS PRESENT, AND THE GOVERNING BOARD'S OR COMMITTEES DECISION

AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED. B) THE NAMES OF THE

PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE

TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY

ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF

ANY VOTES TAKEN IN CONNECTION WITH THE PROCEEDINGS.

COMPENSATION:	A VOTING	MEMBER OF	F THE	GOVERNING	BOARD	WHO	RECEIVES
332212 11-14-23							Schedule O (Form 990) 2023
				48			
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Schedule O (Form 990) 2023	Page 2
Name of the organization GREEN AMERICA	Employer identification number 52-1660746
COMPENSATION, DIRECTLY OR INDIRECTLY, FROM GREEN AMERICA F	OR SERVICES IS
PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT MEMBER	'S COMPENSATION.
A VOTING MEMBER OF ANY COMMITTEE WHOSE JURISDICTION INCLUD	ES COMPENSATION
MATTERS AND WHO RECEIVES COMPENSATION, DIRECTLY OR INDIREC	TLY, FROM GREEN
AMERICA FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS P	ERTAINING TO THAT
MEMBER'S COMPENSATION. NO VOTING MEMBER OF THE GOVERNING B	SOARD OR ANY
COMMITTEE WHOSE JURISDICTION INCLUDES COMPENSATION MATTERS	AND WHO RECEIVES
COMPENSATION, DIRECTLY OR INDIRECTLY, FROM THE ORGANIZATIO	N, EITHER
INDIVIDUALLY OR COLLECTIVELY, IS PROHIBITED FROM PROVIDING	INFORMATION TO
ANY COMMITTEE REGARDING COMPENSATION.	
EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE	WITH GOVERNING
BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHI	CH AFFIRMS SUCH
PERSON: HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST PO	LICY, HAS READ
AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE	POLICY, AND
UNDERSTANDS GREEN AMERICA IS CHARITABLE AND IN ORDER TO MA	INTAIN ITS
FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITI	ES WHICH
ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.	
TO ENSURE GREEN AMERICA OPERATES IN A MANNER CONSISTENT WI	TH CHARITABLE
PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOP	ARDIZE ITS
TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED. TH	IE PERIODIC
REVIEWS SHALL, AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECT	'S: WHETHER
COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BAS	ED ON COMPETENT
SURVEY INFORMATION AND THE RESULT OF ARM'S LENGTH BARGAINI	NG. WHETHER
PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGE	MENT
ORGANIZATIONS CONFORM TO GREEN AMERICA'S WRITTEN POLICIES,	ARE PROPERLY
RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GO	ODS AND SERVICES,
FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT	, IMPERMISSIBLE
PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION.	
$\begin{array}{c} 332212 & 11-14-23 \\ 49 \\ 481217 & 140897 & 25608.001 \\ 2023.05010 & GREEN & AMERICA \\ \end{array}$	Schedule O (Form 990) 2023

52-1660746

FORM 990, PART VI, SECTION B, LINE 15A:

SALARY REVIEW PROCESS: AN ANNUAL SALARY REVIEW OCCURS FOR ALL ELIGIBLE REGULAR STAFF AT THE COMPLETION OF THE ANNUAL OPERATING PLAN PROCESS. THE SALARY REVIEW PROCESS EMPHASIZES CHANGES, INCREASES AND UPDATES IN THE WORKLIFE RESPONSIBILITIES OF STAFF MEMBERS AND THE DURATION OF ONE'S SATISFACTORY PERFORMANCE. THE PROCESS BEGINS EARLIER IN THE YEAR WITH THE ANNUAL ASSESSMENT LED BY THE FINANCE TEAM OF GREEN AMERICA'S CURRENT FINANCIAL SITUATION AND A DETERMINATION OF WHAT FUNDS ARE AVAILABLE FOR SALARY INCREASES IN THE COMING YEAR. ONCE THE STAFF AND THEN THE BOARD OF DIRECTORS HAVE APPROVED THE FINAL OPERATING PLAN, THE SALARY ADJUSTMENT PROCESS BEGINS. FINANCES PERMITTING, EACH REGULAR STAFF PERSON WHO HAS BEEN AT GREEN AMERICA FOR A MINIMUM PERIOD DETERMINED BY MANAGEMENT WILL BE ELIGIBLE FOR A COST OF LIVING ADJUSTMENT (COLA). THE COLA IS A SET PERCENT OF SALARY DETERMINED BY THE CONSUMER PRICE INDEX OR OTHER FACTOR, WHICH VARIES EACH YEAR AND IS INTENDED TO ADJUST FOR INFLATION. ANNUAL PAY INCREASES ARE DETERMINED ACCORDING TO THE SALARY ADJUSTMENT POLICY. ONCE THE OPERATING PLAN IS APPROVED, THE SENIOR MANAGEMENT TEAM WILL ALLOCATE THE FUNDS IN THE SALARY POOL. IN ADDITION TO THIS ANNUAL REVIEW, ADJUSTMENTS BASED ON MAJOR JOB DESCRIPTION CHANGES WILL BE CONSIDERED AT ANY TIME DURING THE YEAR. ANY STAFF MEMBER WHO HAS MADE A MAJOR CHANGE IN THEIR JOB DESCRIPTION MAY BE REHIRED INTO A NEW POSITION BASED ON THOSE CHANGES. THIS USUALLY OCCURS DUE TO A DEPARTURE OF STAFF OR A RESTRUCTURING OF DUTIES. ANY CHANGE IN THE PRESIDENT & CEO'S SALARY, OUTSIDE OF A COST OF LIVING ADJUSTMENT, IS DETERMINED BY A COMMITTEE OF THE BOARD OF DIRECTORS. THE COMMITTEE RESEARCHES COMPARABLE SALARIES, CONSIDERS THE BUDGET, AND RECOMMENDS A SALARY AMOUNT TO THE BOARD OF DIRECTORS. THE BOARD REVIEWS THE RECOMMENDATION AND MAKES A DECISION. THIS PROCESS IS DOCUMENTED IN THE Schedule O (Form 990) 2023 332212 11-14-23 50

Name of the organization GREEN AMERICA	Employer identification number 52-1660746
MINUTES OF THE BOARD MEETING. THE ORGANIZATION DETERMI	NES COMPENSATION IN
ACCORDANCE WITH THEIR CONFLICT OF INTEREST POLICY.	
FOR OTHER OFFICERS AND KEY EMPLOYEES: ANY COMPENSATION	RECEIVED BY OFFICERS
IS RELATED TO SERVICES PROVIDED TO THE ORGANIZATION AS	AN EMPLOYEE OF THE
ORGANIZATION. OFFICERS ARE NOT PAID FOR THEIR DUTIES A	ND SERVICES PROVIDED
AS OFFICERS OF THE ORGANIZATION. THE ORGANIZATION DOES	NOT HAVE ANY KEY
EMPLOYEES AS DEFINED IN IRS FORM 990 INSTRUCTIONS. IF	APPROVED, THE NEW
SALARY IS PUT INTO EFFECT.	
AK,AL,AR,CA,CT,FL,GA,HI,IL,KS,KY,LA,MA,MD,MI,MN,MS,NC,	NH,NJ,NM,NY,OK,OR,PA
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CON	FLICT OF INTEREST
POLICY AVAILABLE UPON REQUEST. THE AUDITED FINANCIAL S	TATEMENTS AND FORM
990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND/OR	UPON REQUEST. THE
FORM 990 IS ALSO AVAILABLE ON GUIDESTAR.COM.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING:	

PROGRAM SERVICE EXPENSES 906,784. 8,856. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 29,796. TOTAL EXPENSES 945,436. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 945,436.

FORM 9	90, PAG	E 12,	PART	XII,	LINE	2C				
332212 11-14-2	23									Schedule O (Form 990) 2023
							51			
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GREEN AMERICA

THE ORGANIZATION HAS A BOARD FINANCE COMMITTEE THAT ASSUMES

RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS

AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

SCHEDULE M, PART I, LINE 25, COLUMN (D)

PLEDGES RECEIVABLE: THE REVENUE RECORDED WAS THE TOTAL DOLLAR AMOUNT

OF THE PLEDGES MADE, IRRESPECTIVE OF THE YEAR IN WHICH THE DONOR

SPECIFIED THEY WOULD PAY.

SCHEDULE M, PART I, LINE 31

GREEN AMERICA ACCEPTS GIFTS OF CASH, CHECKS, CREDIT CARD CHARGES,

STOCK, BONDS AND MUTUAL FUNDS. GIFTS OF AUTOS, LAND, BUILDINGS, AND

OTHER MATERIAL ITEMS ARE ONLY ACCEPTED UPON APPROVAL BY THE SENIOR

MANAGEMENT TEAM.

GIFTS OF STOCK/BONDS/MUTUAL FUNDS:

GENERALLY, GREEN AMERICA IMMEDIATELY SELLS THE STOCK OR MUTUAL FUNDS

RECEIVED AND DEPOSITS THE CASH INTO THE REGULAR OPERATING CASH ACCOUNT.

ANY RESTRICTIONS ON THE GIFT ARE RECORDED VIA THE USE OF A DEPARTMENT

NUMBER, WHICH IDENTIFIES THE PROGRAM THE GIFT IS TO BE USED FOR.

FORM 990, PAGE 7, SECTION A.

ALL BOARD MEMBERS ARE VOLUNTEERS AND ARE NOT COMPENSATED FOR THEIR

BOARD SERVICES. ALL COMPENSATION LISTED IN PART VII COMPENSATION OF

OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND HIGHEST COMPENSATED
332212 11-14-23
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	GR	EEN .	AMER	ICA					52	-1660746	
EMPLOYEES IS	COM	PENSZ	ATIO	N FOR	SERV	VICES PRO	OVIDED AS	EMPLOYEE	S OF	THE	
ORGANIZATION											
332212 11-14-23									Scl	nedule O (Form 990)	) 2023
						53					

Schedule O (Form 990) 2023

Name of the organization

Page **2** 

Employer identification number

Form 8879-TE	***** THIS IS NOT A FILEABLE COPY ***** IRS E-file Signature Authorization for a Tax Exempt Entity	ŀ	OMB No. 1545-0047
	For calendar year 2023, or fiscal year beginning APR 1 , 2023, and ending MAR 31	20 2 4	0000
	Do not send to the IRS. Keep for your records.	,	2023
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.		
Name of filer		EIN or SSN	
GREEN	AMERICA	52-16	560746
Name and title of officer or pe	rson subject to tax ALISA GRAVITZ		
	PRESIDENT/CEO		
Part I Type of	Return and Return Information		
Form 5330 filers may enter or <b>10a</b> below, and the amo	rn for which you are using this Form 8879-TE and enter the applicable amount, if any, from r dollars and cents. For all other forms, enter whole dollars only. If you check the box on pount on that line for the return being filed with this form was blank, then leave line <b>1b</b> , <b>2</b> lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable and the applicable applicable applicable and the applicable applica	line <b>1a, 2a,</b> <b>b, 3b, 4b, 5b</b> , e line below.	3a, 4a, 5a, 6a, 7a, 8a, 9a, , 6b, 7b, 8b, 9b, or 10b, Do not complete more
1a Form 990 check h			
2a Form 990-EZ che			
3a Form 1120-POL			
4a Form 990-PF che			
5a Form 8868 check	here b Balance due (Form 8868, line 3c)		5b
6a Form 990-T chec			6b <u> </u>
7a Form 4720 check		•••••	
8a Form 5227 check			
9a Form 5330 check			9b 10b
10a Form 8038-CP ch Part II Declarat	neck here <u>b</u> Amount of credit payment requested (Form 8038-CP, Part III, tion and Signature Authorization of Officer or Person Subject to Tax		001
	, I declare that $\boxed{\mathbf{X}}$ I am an officer of the above entity or $$ I am a person subject to		ect to (name
	, (EIN) an		
payment of taxes to receiv personal identification nur	prior to the payment (settlement) date. I also authorize the financial institutions involved re confidential information necessary to answer inquiries and resolve issues related to the nber (PIN) as my signature for the electronic return and, if applicable, the consent to elec	e payment. I	have selected a
PIN: check one box only		o enter my P	20832
	ERO firm name	o enter my r	Enter five numbers, but
			do not enter all zeros
with a state age on the return's o	on the tax year 2023 electronically filed return. If I have indicated within this return that a ncy(ies) regulating charities as part of the IRS Fed/State program, I also authorize the afor disclosure consent screen. person subject to tax with respect to the entity, I will enter my PIN as my signature on th	prementioned	ERO to enter my PIN
	indicated within this return that a copy of the return is being filed with a state agency(ies) rogram, I will enter my PIN on the return's disclosure consent screen.	) regulating c	harities as part of the
Signature of officer or person subje		Date	
Part III Certifica	tion and Authentication		
•	bur six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN. 52132120006 Do not enter all zeros		
-	neric entry is my PIN, which is my signature on the 2023 electronically filed return indica coordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (MeF) Information for <i>b</i>		
ERO's signature	Date 12	/17/24	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	So	
For Privacy Act and Pan	erwork Reduction Act Notice, see instructions.		Form 8879-TE (2023)
			- (2020)
LHA 302521 01-05-24	54		
01010 140000		-	25600

	EXTENDED TO FEBRUARY 18, 2025					
Form <b>990-T</b>	Exempt Organization Business Income Tax Return	-	OMB No. 1545-0047			
	(and proxy tax under section 6033(e))		0000			
	For calendar year 2023 or other tax year beginning APR 1, 2023 , and ending MAR 31, 202	<u>4</u> .	2023			
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	-	Open to Public Inspection for			
		Emi	501(c)(3) Organizations Only ployer identification number			
A Check box if address changed.	Name of organization ( Check box if name changed and see instructions.)					
B Exempt under section	Print GREEN AMERICA	5	2-1660746			
<b>X</b> 501( <b>c</b> )( <b>3</b> )	_or Number, street, and room or suite no. If a P.O. box, see instructions.	E Gro	up exemption number			
408(e) 220(e)	Type 1612 K STREET, NW, 1000	(see	e instructions)			
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code	1				
529(a) 529A	WASHINGTON, DC 20006	F	Check box if			
	C Book value of all assets at end of year 18,472,837.		an amended return.			
<b>G</b> Check organization	type X 501(c) corporation 501(c) trust 401(a) trust Other trust 6417(d)(1)(A) Applicable entity	State	college/university			
H Check if filing only to	o claim 🛛 Credit from Form 8941 💭 Refund shown on Form 2439 💭 Elective paymer	nt amo	unt from Form 3800			
Check if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation					
J Enter the number of	attached Schedules A (Form 990-T)		1			
	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No			
	ame and identifying number of the parent corporation					
L The books are in car Part I Total Uni	re of THE ORGANIZATION Telephone number 2 related Business Taxable Income	02-	872-5341			
	d business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.			
		2				
3 Add lines 1 and 2		3				
	- butions (see instructions for limitation rules)	4	0.			
	usiness taxable income before net operating losses. Subtract line 4 from line 3	5				
	t operating loss. See instructions	6	0.			
7 Total of unrelated	business taxable income before specific deduction and section 199A deduction.					
Subtract line 6 fr	om line 5	7				
8 Specific deduction	on (generally \$1,000, but see instructions for exceptions)	8	1,000.			
	199A deduction. See instructions	9				
	s. Add lines 8 and 9	10	1,000.			
11         Unrelated busin           Part II         Tax Com	ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero putation	11	0.			
1 Organizations ta	axable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.			
2 Trusts taxable a	t trust rates. See instructions for tax computation. Income tax on the amount on					
	m: Tax rate schedule or Schedule D (Form 1041)	2				
	nstructions	3				
	ts. See instructions	4				
5 Alternative minim		5				
	pliant facility income. See instructions	6 7	0.			
Part III Tax and	3 through 6 to line 1 or 2, whichever applies Payments		0.			
1a Foreign tax credi	t (corporations attach Form 1118; trusts attach Form 1116) 1a					
<b>b</b> Other credits (see						
c General business	s credit. Attach Form 3800 (see instructions)					
d Credit for prior-ye	ear minimum tax (attach Form 8801 or 8827) 1d					
e Total credits. Ac						
2 Subtract line 1et	from Part II, line 7	2	0.			
3a Amount due from						
<b>b</b> Amount due from						
	Amount due from Form 8697					
	ue (see instructions)		0			
f Total amounts du	ue. Add lines 3a through 3e	3f	0.			
	nes 2 and 3f (see instructions). Check if includes tax previously deferred under		0.			
	Enter tax amount here	4 5	0.			
	eduction Act Notice, see instructions. 323701 11-20-23		Form <b>990-T</b> (2023)			
	55		(====0)			

	90-T (2023)				F	<sup>2</sup> age <b>2</b>	
Part	III Tax and Payments (continued)						
6 a	Payments: Preceding year's overpayment credited to the current year	. <b>6a</b>					
b	Current year's estimated tax payments. Check if section 643(g) election						
	applies	6b					
С	Tax deposited with Form 8868						
d	Foreign organizations: Tax paid or withheld at source (see instructions)						
е	Backup withholding (see instructions)						
f	Credit for small employer health insurance premiums (attach Form 8941)						
g	Elective payment election amount from Form 3800						
h	Payment from Form 2439	6h					
i	Credit from Form 4136	<u>6i</u>					
j	Other (see instructions)	6j					
7	Total payments. Add lines 6a through 6j		·····	7			
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			8			
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9			
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10						
	Enter the amount of line 10 you want: Credited to 2024 estimated tax	_	Refunded	11			
Part	IV Statements Regarding Certain Activities and Other Informat	ion (see instruct	ions)				
1	At any time during the 2023 calendar year, did the organization have an interest in or	a signature or oth	er authority		Yes	No	
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	organization may l	have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter th	e name of the forei	gn country				
	here					X	
2	During the tax year, did the organization receive a distribution from, or was it the gra	ntor of, or transfere	or to, a				
	foreign trust?					X	
	If "Yes," see instructions for other forms the organization may have to file.						
3	Enter the amount of tax-exempt interest received or accrued during the tax year		. \$				
4	Enter available pre-2018 NOL carryovers here \$ 1,494,992. Do not	include any post-2	017 NOL car	ryover			
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	any deduction repo	orted on Part	I, line 6.			
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017	NOL carryovers. I	Don't reduce				
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for	r the tax year. See	instructions.				
	Business Activity Code	Available pos					
	513120	\$	1,8	94,637.			
		\$					
		\$					
		\$					
6 a	Reserved for future use						
b	Reserved for future use		<u></u>				
Part	V Supplemental Information						

Provide any additional information. See instructions.

Sign			xamined this return, including accomp ther than taxpayer) is based on all info				wledge	and belief, it is	s true,	
Here				PRESIDENT/CEO			May the IRS discuss this return with the preparer shown below (see			with
	Signature of officer		Date	Title		instructions)? X Yes		Yes	No	
	Print/Type prepa	Print/Type preparer's name			Date	Check	if	PTIN		
Paid						self-employe	d			
Preparer	NEIL E.	BERGER	NEIL E. BER	GER	12/17/24			P0010	)2223	
Use Only	·	ADEPTUS A	DVISORS LLC	SORS LLC			Firm's EIN 92-1472936			
000 0111		3311 OLNEY SANDY SPRING RD								
	Firm's address	Firm's address OLNEY, MD 20832-1411				Phone no.	30	1-929-	-9700	
								-	000 T	(0.0.0.)

Form **990-T** (2023)

323711 11-20-23

## GREEN AMERICA

## 52-1660746

FORM 990-T	PRE-201	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/07	3,905.	3,905.	0.	0.
12/31/08	3,780.	360.	3,420.	3,420.
12/31/09	100,613.	0.	100,613.	100,613.
12/31/10	79,415.	0.	79,415.	79,415.
12/31/11	95,195.	0.	95,195.	95,195.
12/31/13	26,259.	0.	26,259.	26,259.
03/31/14	12,208.	0.	12,208.	12,208.
03/31/15	241,465.	0.	241,465.	241,465.
03/31/16	313,292.	0.	313,292.	313,292.
03/31/17	315,793.	0.	315,793.	315,793.
03/31/18	307,332.	0.	307,332.	307,332.
NOL CARRYOV	YER AVAILABLE THIS	YEAR	1,494,992.	1,494,992.

### SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

# Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

1

Α	Name of the organization GREEN AMERICA		B Employer ide 52-166
с	Unrelated business activity code (see instructions)	513120	<b>D</b> Sequence:

### E Describe the unrelated trade or business ADVERTISING INCOME

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11	64,220.	358,839.	-294,619.
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	64,220.	358,839.	-294,619.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance	3			
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)			14	
15	Total deductions. Add lines 1 through 14			15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	Part	l, line 13,		
	column (C)			16	-294,619.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16			18	-294,619.
For F	Paperwork Reduction Act Notice, see instructions.			Schedu	le A (Form 990-T) 2023

LHA 323741 01-19-24

# **1** OMB No. 1545-0047

 $\begin{array}{c} 501(c)(3) \text{ Organization} \\ \hline \\ 02-1660746 \\ \hline \\ 02-1660746 \\ \hline \end{array}$ 

1

of

Part	ule A (Form 990-T) 2023	nod of inventory valuat	ion			Page 2
1	Inventory at beginning of year				1	
2	Purchases				2	
3	Cost of labor				3	
4	Additional section 263A costs (attach statement)				4	
5	Other costs (attach statement)				5	
6	Total. Add lines 1 through 5				6	
7	Inventory at end of year				7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	nere and in Part I, line 2	2		8	
9	Do the rules of section 263A (with respect to property p					Yes No
Part	IV Rent Income (From Real Property and	Personal Proper	ty Leased With Re	eal Propert	у)	
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See instru	uctions.		
	A [					
	В					
	D	•				
•	Deather shadow served	Α	В	С		D
2	Rent received or accrued					
а	From personal property (if the percentage of rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
D.	percentage of rent for personal property (in the					
	50% or if the rent is based on profit or income)					
с	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
3 4	Total rents received or accrued. Add line 2c, columns A Deductions directly connected with the income in lines 2a and 2b (attach statement)					0.
4 5	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. En	nter here and on Part I, ee instructions)	line 6, column (B)			0.
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. En Unrelated Debt-Financed Income (so Description of debt-financed property (street address, compared to the statement)	nter here and on Part I, ee instructions)	line 6, column (B)			
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I, ee instructions)	line 6, column (B)			
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I, ee instructions)	line 6, column (B)			
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. En  Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of A B C	nter here and on Part I, ee instructions)	line 6, column (B)			
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. En  Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of A B C	nter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. En  Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, of A	nter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. En  Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of A B C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable	nter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
4 <u>5</u> 1 2 3	Deductions directly connected with the income in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. En  Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of B	nter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
4 <u>5</u> <u>Part</u> 1 2 3 a	Deductions directly connected with the income in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. En  Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of B C C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	nter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
4 <u>5</u> Part 1 2 3 a b	Deductions directly connected with the income in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. En  Unrelated Debt-Financed Income (so Description of debt-financed property (street address, context)  B C C C C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement)	nter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
4 5 Part 1 2 3 a	Deductions directly connected with the income in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. En  Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, of B	nter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
4 <u>5</u> Part 1 2 3 a b	Deductions directly connected with the income in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. En  Unrelated Debt-Financed Income (so Description of debt-financed property (street address, context)  B C C C C C C C C C C C C C C C C C C	nter here and on Part I, ee instructions) bity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.		0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. En Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of A	nter here and on Part I, ee instructions) sity, state, ZIP code). C A	line 6, column (B) heck if a dual-use. See	instructions.		0.
4 5 Part 1 2 3 a b c 4	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. En Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of A	nter here and on Part I, ee instructions) bity, state, ZIP code). C A	line 6, column (B) heck if a dual-use. See B	instructions.		0.
4 5 Part 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Environment Unrelated Debt-Financed Income (sub- Description of debt-financed property (street address, context)  Description of debt-financed property (street address, context)  Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement)	nter here and on Part I, ee instructions) bity, state, ZIP code). C A	line 6, column (B) heck if a dual-use. See B	instructions.		0. 
4 5 7 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. Environment Unrelated Debt-Financed Income (sub- Description of debt-financed property (street address, context)  Description of debt-financed property (street address, context)  C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5	nter here and on Part I, ee instructions) bity, state, ZIP code). C A A A	line 6, column (B) heck if a dual-use. See B B %	instructions.	%	0.
4 5 Part 1 2 3 a b c 4 5 4 5 6 7 8 9	Deductions directly connected with the income in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. En Unrelated Debt-Financed Income (su Description of debt-financed property (street address, of B C C D G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D) Allocable deductions. Multiply line 3c by line 6	A A Enter here and on Part I, De instructions) Sity, state, ZIP code). C A % % Enter here and on Part	line 6, column (B) heck if a dual-use. See B B ////////////////////////////////	instructions.		D 2%
4 5 Part 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. En Unrelated Debt-Financed Income (su Description of debt-financed property (street address, of B C C D G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D)	A A A A A A A A A A A A A A A A A A A	line 6, column (B) heck if a dual-use. See B B ////////////////////////////////	c C		D 2%

										1
Schedu	le A (Form 990-T) 2023	ities, Royalties, and R	onte Fro	m Contro		rganization	<b>S</b> (222	inctructi	ono)	Page 3
Part	VI Interest, Annu					Exempt Control		e instructions	,	
	1. Name of controlled	d <b>2.</b> Employer	3. Net	unrelated		al of specified		t of colum		. Deductions directly
	organization	identification		ne (loss)		nents made	that is i	ncluded ir	n the	connected with
		number	(see ins	structions)				lling orgar gross inco		income in column 5
(1)										
(2)										
(3)										
(4)										
				Controlled O	-					
7	. Taxable Income	8. Net unrelated income (loss)		otal of specif yments mad		<b>10.</b> Part of that is included controlling	luded in	the		Deductions directly connected with
		(see instructions)					income		income in column 10	
<u>(1)</u>										
(2)										
(3)										
<u>(4)</u>										
						Add colum Enter here line 8, c		Part I, A).	Enter	columns 6 and 11. here and on Part I, e 8, column (B).
Totals		· · · · ·		<u></u>		<u> </u>		0.		0.
Part		ncome of a Section 50	)1(C)(7), (				ee instru	,		
	1. Desc	ription of income		2. Amou incor		3. Deduction directly connormal (attach stater	ected (	<b>4.</b> Set-a attach sta		5. Total deductions and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)										
				Add amor column 2						Add amounts in column 5. Enter
				here and o						here and on Part I,
				line 9, colu						line 9, column (B).
Totals Part		xempt Activity Income	Other 7	 [han Adw	0.		(	······································		0.
1	Description of exploite				ะ แอกปุ		see inst	ructions)		
2		ess income from trade or busi	iness Ente	r here and o	n Dart I	line 10 colum	n (A)		2	
3		nected with production of unr						·····	-	
5		lected with production of an							3	
4		unrelated trade or business.						·····	-	
									4	
5	•	tivity that is not unrelated bus							5	
6		to income entered on line 5							6	
7		ses. Subtract line 5 from line 6						Γ		
	4. Enter here and on P	art II, line 12			<u></u>				7	

Schedule A (Form 990-T) 2023

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	ule A (Form 990-T) 2023				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting				
	A GREEN AMERICAN, YOUR	<u> GREEN LIFE, ONI</u>	LINE ADVE	RTISING	
	в 🔄				
	c 🗌				
	D				
Enter a	mounts for each periodical listed above in the co	prresponding column.			
	·	A	В	С	D
2	Gross advertising income	64,220.			
_	Add columns A through D. Enter here and on P			1	64,220.
а					
3	Direct advertising costs by periodical	358,839.			
a	Add columns A through D. Enter here and on P			I	358,839.
a	Add coldmins A through D. Enter here and off				
4	Advertising asin (loss). Subtrast line 2 from line				
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete	204 610			
	lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter -0-				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	ater of the line 8a columns total	or -0- here and o	n	
	Part II, line 13				0.
Part	X Compensation of Officers, Dire	ctors, and Trustees (see	e instructions)		
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
<u>(4)</u>				%	
<u></u>				/0	
Total	Enter here and on Part II, line 1				0.
Part		instructions)			

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Schedule A (Form 990-T) 2023

1

## GREEN AMERICA

## 52-1660746

990-T SCH A	A POST-	2017 NET OPERATING	LOSS DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/19 03/31/20	303,466. 358,842.		303,466. 358,842.	303,466. 358,842.
03/31/21 03/31/22	388,460. 411,243.	0.	388,460. 411,243.	358,842. 388,460. 411,243.
03/31/23	432,626.	0.	432,626.	432,626.
NOL CARRYOV	VER AVAILABLE TH	IS YEAR	1,894,637.	1,894,637.



# **Alternative Minimum Tax-Corporations**

OMB No. 1545-0123

Attach to your tax return.

Go to www.irs.gov/Form4626 for instructions and the latest information.

2023

Nam	Name			Employer identification number			
	GREEN AMERICA				5	52-1660	)746
A	Is the corporation filing this form a member of a controlled group treated as a single	e employ	er under sections 59(k)	(1)(D) and 52?	[	Yes	X No
	If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial						
	statement income or loss for each member of the controlled group treated as a single employer taken into						
	account in the determination of "applicable corporation" under section 59(	(k)(1)(D)					
	Is the corporation filing this form a member of a foreign-parented multinational grou			f section 59(k)(2)	(B)?	Yes	XNo
	If "Yes," the corporation must complete Part V listing the names, EINs, and	• •	, .	( )( )	.,		
	statement income or loss for each member of the FPMG under section 59(	•					
Pa	IT I Applicable Corporation Determination (Report all arr	nounts	n U.S. dollars.)				
	If you have already determined in current or prior years you are an a	applical	ole corporation, skip l	Part I and contin	ue to P	art II.	
			(a) First Preceding	(b) Second Pr	eceding	(c) Third I	Preceding
			Year Ended	Year End	led	Year I	Ended
1	Net income or loss per applicable financial statement(s) (AFS) (see inst):						
а	Consolidated net income or loss per the AFS of the corporation	1a					
b	Include AFS net income or loss of other includible entities (add						
	net income and subtract net loss)	1b					
с	Exclude AFS net income or loss of excludible entities (add net						
	loss and subtract net income)	1c					
d	Adjustment for certain consolidating entries (see instructions)	1d					
е	Specified additional net income or loss item B. Reserved for future use	1e					
f	AFS net income or loss of all entities in the test group before						
	adjustments. Combine lines 1a through 1d	1f					
2	Adjustments:						
а	Financial statements covering different tax years	2a					
b	Corporations that are not included on the taxpayer's consolidated						
	return (see instructions)	2b					
С	Pro-rata share of net income from controlled foreign corporations for						
	which the corporation is a U.S. shareholder. If zero or less, enter -0-						
	(see instructions for special rules if completing this form for an FPMG)	2c				-	
d	Amounts that are not effectively connected to a U.S. trade or business						
	(see instructions for special rules if completing this form for an FPMG)	2d					
е	Certain taxes (see instructions)	2e					
f	Patronage dividends and per-unit retain allocations (cooperatives only)	2f					
g	Alaska native corporations	2g				-	
h	Certain credits (see instructions)	2h					
	Mortgage servicing income	2i					
J	Tax-exempt entities (organizations subject to tax under section 511)	2j				+	
k	Depreciation	2k					
1	Qualified wireless spectrum	21					
n	Covered transactions Adjustments related to bankruptcy and insolvency	2m 2n					
n	Certain insurance company adjustments	20					
o		20 2p					
p		2p 2q					
q r	A diversity D. Descent of fee features	2q 2r					
ı s		21 2s					
z		23 2z					
3	Specified adjustment. Reserved for future use	3					
4	Total adjustments. Combine lines 2a through 2z	4				1	
5	AFSI. Combine lines 1f and 4	5				1	
6	AFSI of first, second, and third preceding tax years. Combine columns (a)		d (c) of line 5		6	1	
7	3-vear average annual AFSI (see instructions)	, ( <i>)</i> , ar			7	1	

2023.05010 GREEN AMERICA

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Form 4	626 (2023)				Page <b>2</b>
Part	Applicable Corporation Determination (Report all amou	unts in U.S.	dollars.) (continued	d)	
8	Is line 7 more than \$1 billion?		,	,	
	Yes. Continue to line 9.				
	No. STOP here and attach to your tax return.				
9	Is the corporation a member of an FPMG within the meaning of section 5	59(k)(2)(B)?			
	Yes. Continue to line 10.				
	No. Continue to Part II.				
			(a)	(b)	(c)
			First Preceding	Second Preceding	Third Preceding
			Year Ended	Year Ended	Year Ended
10	AFSI for purposes of the \$100 million test before adjustments:				
а	AFSI from line 5	<b>10a</b>			
b	Aggregation differences (see instructions)	<b>10b</b>			
С	Total AFSI for purposes of the \$100 million test before adjustments.				
	Combine lines 10a and 10b	<b>10c</b>			
11	Adjustments:				
а	Income not effectively connected to a U.S. trade or business	<b>11a</b>			
b	Pro-rata share of CFC net income described in section 56A(c)(3)				
	(attach worksheet) (see instructions)	<b>11b</b>			
С	Reserved for future use - Other adjustments 1	<b>11c</b>			
d	Reserved for future use - Other adjustments 2	<b>11d</b>			
12	Total adjustments. Combine lines 11a and 11b	12			
13	Total AFSI for purposes of the \$100 million test. Combine lines				
	10c and 12	13		<u> </u>	
14	AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13			14	
15	3-year average annual AFSI for purposes of the \$100 million test				
16	Is line 15 \$100 million or more?				
	Yes. Continue to Part II.				
	<b>No.</b> STOP here. Attach to your tax return.				

	4626 (2023)		Page 3
Pa	t II Corporate Alternative Minimum Tax		
1	Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
а	Consolidated net income or loss per the AFS of the corporation	1a	-295,619.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	. 1b	
с	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	. 1c	
d	Adjustment for certain consolidating entries (see instructions)	1d	
е	Specified additional net income or loss item D. Reserved for future use		
f	AFS net income or loss before adjustments. Combine lines 1a through 1d		-295,619.
2	Adjustments:		
а	Financial statements covering different tax years	2a	
b	Reserved for future use - Adjustment 2b	2b	
c	Corporations that are not included on the taxpayers - consolidated return (see instructions)	0.	
d	The corporation's distributive share of adjusted financial statement income of partnerships		
e	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S.		
C		2e	
	Amounts that are not effectively connected to a U.S. trade or business		
g	Certain taxes. Enter the amount from Part III, line 7		
h	Patronage dividends and per-unit retain allocations (cooperatives only)		
i	Alaska native corporations	2i	
j	Certain credits (see instructions)	<u>2j</u>	
k	Mortgage servicing income	2k	
I	Covered benefit plans described in section 56A(c)(11)(B)		
m	Tax-exempt entities (organizations subject to tax under section 511)	2m	
n	Depreciation	2n	
0	Qualified wireless spectrum	20	
р	Covered transactions	2p	
q	Adjustments related to bankruptcy and insolvency	2q	
r	Certain insurance company adjustments		
s	AFSI adjustment S - Reserved for future use	0.	
t	AFSI adjustment T - Reserved for future use	2t	
u	AFSI adjustment U - Reserved for future use		
z	Other (see instructions)	2z	
3	Total adjustments. Combine lines 2a through 2z		
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3		-295,619.
5	Financial statement net operating loss (FSNOL) (see instructions)		
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-		
7	Multiply line 6 by 15% (0.15)	7	
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)		
	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)		
9			
10	Regular tax liability (see instructions)	10	
11	Base erosion minimum tax (see instructions)	11	
12	Combine lines 10 and 11	12	
13	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form		
Dee	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	
Pa	t III Adjustment for Certain Taxes Under Section 56A(c)(5)		
1	Current income tax provision - Foreign	1	
2	Current income tax provision - Federal	2	
3	Deferred income tax provision - Foreign	3	
4	Deferred income tax provision - Federal	4	
5	Income taxes included in equity method investment income	5	
6 a	Adjustment A - Reserved for future use	6a	
b	Adjustment B - Reserved for future use	6b	
c	Adjustment C - Reserved for future use	6c	
c	Adjustment D - Reserved for future use	6d	
	Adjustment E - Reserved for future use	6e	
	Adjustment F - Reserved for future use	6f	
	Adjustment G - Reserved for future use	6g	
-	Adjustment H - Reserved for future use	6h	
	Income taxes in other places	6z	
	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	
			Form <b>4626</b> (2023)

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Form	prm 4626 (2023) Pa				
Pa	rt IV Alternative Minimum Tax - Corporations Foreign Tax Credi	t			
Sec	tion I - AMT Foreign Tax Credit				
1	Domestic corporation AMT foreign income taxes:				
а	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B,				
	Part I, column 2(j)	1a			
b	Adjustment	1b			
с	Adjustment	1c			
d	Adjustment	1d			
е	Adjustment	1e			
f	Adjustment	1f			
g	Adjustment	1g			
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g			2	
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:				
а	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line				
	11, column (n)	3a			
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3b			
С	Total CFC AMT foreign income taxes. Add lines 3a and 3b			3c	
d	Percentage specified in section 55(b)(2)(A)(i)	3d	15%		
е	Pro-rata share of CFC net income described in section 56A(c)(3) (attach				
	worksheet) (see instructions)	3e			
f	F CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)			3f	
g	g Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)			3g	
4	CAMT FTC Line 4 - Reserved for future use			4	
5	CAMT FTC Line 5 - Reserved for future use			5	
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8				

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