Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

B Creat radiatative C Creen Poothills Foundation Bay Shore Blvd	A	For t	he 2024	1 calenda	ar year, or tax	year begi	nning 4	/01	, 20	24, and endi	ng	3/31		-,	20 2025	
Part Summary Size	В	Check	if applicab	ble:								D E	mploy	er identif	fication number	
Part Summary Size		Д	ddress cha	ange (reen Foo	thills	Foundat	ion					94-6	51218	354	
Supplementation Supplement		\square	lame chand													
Face stands without the pending Face and address of principal officer: Julie Hutcheson Same As C Above Tar-exampt status: Significant stands Same As C Above Tar-exampt status: Same As C Above Tar-examp			-] [3									650	96872	243	
Application pending Application pending F Name and address of principal officer: Julie Hutcheson Mob is this a propor permitted No is the application pending No is the application No is the app				I F	Palo Alto	, CA 9	4303						000.	70072	110	
Application pending Same As C Above Same A		\vdash										G o	arnes re	ceints 5	1 820	572
Same As C Above Tax-exempt status: X 90(c)(s) 90(c) ((insert no.) 4947(x)(1) or 327 He) Group exemption number Wes Links See meniocions: CA Links See Meniocions: Wes Links See meniocions: CA Links See meniocions: Wes Links See meniocions: CA Links See meniocions: Wes Links See meniocions: CA Links See meniocio					F Name and add	ress of princin	nal officer: 🛨	11.	-1		H(a)				-,	
Time element statists:		Ш′	фрисаціон	pending	Samo As C	λhoττο	Ju	lile Hut	cneson							
Website:	_	Tav	avamnt et)	(incart no)	/0/7/2)/11	or 527	-	If "No," attacl	n a list.	See inst	ructions.	Ш
Repart Summany Association Tust Association Other L Year of formation: 1964 M State or legal domicile: CA	÷							(IIISCIT IIU.)	4347 (a)(1)	01 327	- 1/65 /	Craun avamn	tion nu	mhor		
Part					_			Othor		Veer of forms			_		and dominitar C7	
Birefly describe the organization's mission or most significant activities: Our mission is to protect local nature and farmland to ensure a healthy environment for everyone. Comparison					Corporation	Trust	ASSOCIATION	Other		L Year of forma	tion:	1904	IVI S	tate of le	gai domicile: CF	7
and farmland to ensure a healthy environment for everyone. 2 Check this box	Го				the organiza	tion's mis	cion or moc	t cianificant	activities:0	ur micci	on	ia to	nrot	- oat	logal na	turo
2 Check this box		'											рто	Lect	TOCAL IIA	<u>cure</u> _
Solution	ဥ		anu	Tarmi	and to en	isure c		À EIIATI	711111 <u>6</u> 11.c_ :	TOT EVET	<u>YOUE</u>	? <u>-</u>				
Solution	nar															
Solution	š	2	Check	this box	if the	organizati	on discontir	ued its oper	rations or d	sposed of m	ore th	an 25% c	f its	net ass	- – – – – – – sets.	
Solution	ဗ															15
Solution	•ŏ თ	4												4		
Solution	Ë	5												-		
Solution	흦															
Revenue less expenses (Part IX, column (A), line 19. Prior Year Current Year 1,835,695. 1,731,799. 1,732,400. 1,732,400.	ĕ	_												-		
8		b	Net un	irelated t	ousiness taxai	ole income	e from Form	990-1, Part	I, line II.					/b		
9			Contrib	hutiana a	and grants (De	ort \/III lim	a 1h)							٥٦		
Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). 1,926, 685. 1,785, 503. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 2,549. 4,344. 14 Benefits paid to or for members (Part IX, column (A), line 4). 980,639. 898,883. 16a Professional fundraising fees (Part IX, column (A), line 11e). 980,639. 898,883. 16a Professional fundraising expenses (Part IX, column (A), line 11e). 980,639. 898,883. 17 Other expenses (Part IX, column (A), line 11e). 980,639. 898,883. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 1,310,759. 1,249,300. 19 Revenue less expenses. Subtract line 18 from line 12. 615,926. 536,203. 19 Revenue less expenses. Subtract line 18 from line 12. 615,926. 536,203. 20 Total assets (Part X, line 16). 2,527,331. 3,559,520. 21 Total liabilities (Part X, line 26). 161,797. 115,407. 22 Net assets or fund balances. Subtract line 21 from line 20. 2,365,534. 2,944,113. Part II Signature Block Under penalties of perjury. I decide that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true. correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Julie Hutcheson Type or print name and title Preparer's name Signature of officer Signature of officer Firm's name Firm's name Suzanne Pon Suzanne Pon Suzanne Pon Suzanne Pon Suzanne Pon Suzanne Pon Firm's saidress Shining Star Consulting LLC Firm's address Firm's Elin 46-0796445 Firm's Elin 46-0796445 Firm's Elin 46-0796445 Firm's Elin 46-0796445 Firm's elin 46-0796712	ne											1,83				
Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). 1,926, 685. 1,785, 503. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 2,549. 4,344. 14 Benefits paid to or for members (Part IX, column (A), line 4). 980,639. 898,883. 16a Professional fundraising fees (Part IX, column (A), line 11e). 980,639. 898,883. 16a Professional fundraising expenses (Part IX, column (A), line 11e). 980,639. 898,883. 17 Other expenses (Part IX, column (A), line 11e). 980,639. 898,883. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 1,310,759. 1,249,300. 19 Revenue less expenses. Subtract line 18 from line 12. 615,926. 536,203. 19 Revenue less expenses. Subtract line 18 from line 12. 615,926. 536,203. 20 Total assets (Part X, line 16). 2,527,331. 3,559,520. 21 Total liabilities (Part X, line 26). 161,797. 115,407. 22 Net assets or fund balances. Subtract line 21 from line 20. 2,365,534. 2,944,113. Part II Signature Block Under penalties of perjury. I decide that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true. correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Julie Hutcheson Type or print name and title Preparer's name Signature of officer Signature of officer Firm's name Firm's name Suzanne Pon Suzanne Pon Suzanne Pon Suzanne Pon Suzanne Pon Suzanne Pon Firm's saidress Shining Star Consulting LLC Firm's address Firm's Elin 46-0796445 Firm's Elin 46-0796445 Firm's Elin 46-0796445 Firm's Elin 46-0796445 Firm's elin 46-0796712	en											-				
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Re				•											
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)																
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 980, 639 898, 883 898, 884, 883 898, 883 898, 883 898, 883 898, 883 898, 883 898, 883 898, 883 898, 883 898, 883 898, 883 898, 883 898, 883 898, 883 898, 883 898, 883 898, 883 898, 884, 883 898, 883 898, 883 898, 883 898, 883 898, 883 898, 883 898, 883 898, 883 898, 884, 883 898, 884, 884 899, 884, 884 899, 884, 884 899, 884, 884 899, 884, 884		13									_					
Total expenses. Subtract line 18 from line 12. Total assets (Part X, line 16). Total liabilities (Part X, line 16). Total liabilities (Part X, line 16). Total assets or fund balances. Subtract line 21 from line 20. Total liabilities of perjuy, I declare that I have examined this return. including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Term's address Times address											_		2,0	17.		/ U I I I
16a Professional fundraising fees (Part IX, column (A), line 11e)		15									_	9,8	30 G	39	898	883
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e). 327,571. 346,073. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 1,310,759. 1,249,300. 19 Revenue less expenses. Subtract line 18 from line 12. 615,926. 536,203. 20 Total assets (Part X, line 16). 2,527,331. 3,059,520. 21 Total liabilities (Part X, line 26). 161,797. 115,407. 22 Net assets or fund balances. Subtract line 21 from line 20. 2,365,534. 2,944,113. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	ses	162									-		,,,	33.	030	,000.
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e). 327,571. 346,073. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 1,310,759. 1,249,300. 19 Revenue less expenses. Subtract line 18 from line 12. 615,926. 536,203. 20 Total assets (Part X, line 16). 2,527,331. 3,059,520. 21 Total liabilities (Part X, line 26). 161,797. 115,407. 22 Net assets or fund balances. Subtract line 21 from line 20. 2,365,534. 2,944,113. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	ē	104														
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e). 327,571. 346,073. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 1,310,759. 1,249,300. 19 Revenue less expenses. Subtract line 18 from line 12. 615,926. 536,203. 20 Total assets (Part X, line 16). 2,527,331. 3,059,520. 21 Total liabilities (Part X, line 26). 161,797. 115,407. 22 Net assets or fund balances. Subtract line 21 from line 20. 2,365,534. 2,944,113. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	X	_ D						_		•						
19 Revenue less expenses. Subtract line 18 from line 12. 615, 926. 536, 203. 8 Beginning of Current Year End of Year 20 Total assets (Part X, line 16). 2,527,331. 3,059,520. 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 2,365,534. 2,944,113. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Julie Hutcheson Type or print name and title Preparer's name Preparer's signature Suzanne Pon Suzanne Pon Suzanne Pon Firm's name Firm's name Firm's name Firm's name Firm's address Shining Star Consulting LLC 1831 Solano Ave Unit 8058 Firm's ElN 46-0796445 Berkeley, CA 94707 Phone no. 510-999-6712		17														
Beginning of Current Year End of Year 2, 527, 331. 3,059,520. 161,797. 115,407. 22 Net assets or fund balances. Subtract line 21 from line 20. 2,365,534. 2,944,113. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Preparer's name Preparer's signature Suzanne Pon Firm's name Firm's name Firm's name Firm's address Suzanne Ave Unit 8058 Berkeley, CA 94707 Phone no. 510-999-6712				•		•										
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Julie Hutcheson Type or print name and title Preparer's name Suzanne Pon Firm's name Firm's name Shining Star Consulting LLC 1831 Solano Ave Unit 8058 Berkeley, CA 94707 Phone no. 510-999-6712			Reveni	ue less e	expenses. Sub	otract line	18 from line	9 12								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Julie Hutcheson Type or print name and title Preparer's name Suzanne Pon Firm's name Firm's name Shining Star Consulting LLC 1831 Solano Ave Unit 8058 Berkeley, CA 94707 Phone no. 510-999-6712	9 or		T-4-1 -	t- (D												
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Julie Hutcheson Type or print name and title Preparer's name Suzanne Pon Firm's name Firm's name Shining Star Consulting LLC 1831 Solano Ave Unit 8058 Berkeley, CA 94707 Phone no. 510-999-6712	sset 3alai	20		`							- 1					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Julie Hutcheson Type or print name and title Preparer's name Suzanne Pon Firm's name Firm's name Shining Star Consulting LLC 1831 Solano Ave Unit 8058 Berkeley, CA 94707 Phone no. 510-999-6712	at A	21			, , , ,	- /					_					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Julie Hutcheson Type or print name and title Preparer's name Preparer's signature Preparer's signature Suzanne Pon Suzanne Pon Firm's name Firm's name Shining Star Consulting LLC 1831 Solano Ave Unit 8058 Berkeley, CA 94707 Phone no. 510-999-6712	Ž	22				Subtract	line 21 from	1 line 20				2,36	55,5	34.	2,944	<u>,113.</u>
Sign Here Signature of officer	Pa	ırt II	Sig	nature	Block											
Here Julie Hutcheson Type or print name and title Preparer's name Preparer's name Preparer Use Only Suzanne Pon Suzanne Pon Suzanne Pon Firm's name Firm's address Shining Star Consulting LLC 1831 Solano Ave Unit 8058 Berkeley, CA 94707 Executive Director Date Check I if PTIIN PO3097587 Phone no. 510-999-6712	Unde	er pena plete. [alties of per Declaration	rjury, I decl	are that I have exa r (other than office	amined this re er) is based or	eturn, including a n all information	accompanying so of which preparation	chedules and st rer has any kno	atements, and to wledge.	the be	st of my knov	vledge	and belie	ef, it is true, correc	t, and
Here Julie Hutcheson Type or print name and title Preparer's name Preparer's name Preparer Use Only Suzanne Pon Suzanne Pon Suzanne Pon Firm's name Firm's address Shining Star Consulting LLC 1831 Solano Ave Unit 8058 Berkeley, CA 94707 Executive Director Date Check I if PTIIN PO3097587 Phone no. 510-999-6712																
Here Julie Hutcheson Type or print name and title Preparer's name Preparer's name Preparer Use Only Suzanne Pon Suzanne Pon Suzanne Pon Firm's name Firm's address Shining Star Consulting LLC 1831 Solano Ave Unit 8058 Berkeley, CA 94707 Executive Director Date Check I if PTIIN PO3097587 Phone no. 510-999-6712	c:.		Sign	nature of of	ficer							Date				
Type or print name and title Preparer's name Preparer's signature Suzanne Pon Suzanne Pon Suzanne Pon Suzanne Pon Suzanne Pon Suzanne Pon Firm's name Shining Star Consulting LLC 1831 Solano Ave Unit 8058 Berkeley, CA 94707 Phone no. 510-999-6712	210	jn ro	"							,			D.:			
Preparer's name Suzanne Pon Firm's name Firm's address Shining Star Consulting LLC 1831 Solano Ave Unit 8058 Berkeley, CA 94707 Phone no. 510-999-6712	пе	16									Lxec	cutive	Dlr	ecto	r	
Paid Preparer Use Only Suzanne Pon Suzanne Pon Self-employed P03097587 1831 Solano Ave Unit 8058 Firm's EIN 46-0796445 Berkeley, CA 94707 Phone no. 510-999-6712							Prenarer's s	ignature		Date		Ols	, I	; ₂ F	PTIN	
Preparer Use Only Firm's name Firm's address Shining Star Consulting LLC 1831 Solano Ave Unit 8058 Firm's EIN 46-0796445 Berkeley, CA 94707 Phone no. 510-999-6712	_			•				J		Date			_	」"		,
Use Only Firm's address Firm's EIN 46-0796445 Berkeley, CA 94707 Phone no. 510-999-6712			_			01			~			self-e	rnploye	ea]	ru309/58/	
Berkeley, CA 94707 Phone no. 510-999-6712	rre	epar	er Firr						<u> </u>				- EIV	4.0	0706445	
	US	e OI	Firr	m's address				τ 8058								
	Max	, the	IDS dica	cuse this				ove2 Soo in	etructions			Phon	e no.	210-		No

Page 2

Form 990 (2024) Green Foothills Foundation Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		Х
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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.	146		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	14b		X
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? <i>If</i> "Yes," complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х	Λ
	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? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2024) Green Foothills Foundation Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part l</i>	25b		Х
	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? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
BAA	TEEA0104L 09/05/24	Form	990 (2024

Form 990 (2024) Green Foothills Foundation

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

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	35		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			
	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			
	Enter the amount of reserves on hand			,,
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
10	If "Yes," see the instructions and file Form 4720, Schedule N.	16		X
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2024) Green Foothills Foundation 94-6121854 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 15 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ stockholders, or persons other than the governing body?..... 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8a Χ **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13....... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official. See Schedule. Q. 15a **b** Other officers or key employees of the organization..... Χ 15h If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

Gretchen Hayes 3921 E Bayshore Blvd Palo Alto CA 94303 650 968-7243

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours	box,	unles er an	heck ss pe d a d	ition more rson i	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Julie Hutcheson	40									
Executive Dir.	0			Χ				147,296.	0.	1,247.
(2) Justine Schnupp	$-\frac{40}{0}$	-				Х		101,975.	0.	1,113.
(3) Ian Bain	5							·		
Director	0	X						0.	0.	0.
(4) Hyma Menath	5									
Director	0	X						0.	0.	0.
(5) Lisa Munro	5									
Director	0	X						0.	0.	0.
_(6) Nancy Federspiel	5									
Vice President	0	X		Χ				0.	0.	0.
(7) Jon Adams	5									
Secretary	0	X		Χ				0.	0.	0.
(8) Manjeet Singh Bhamra	5									
Director	0	X						0.	0.	0.
(9) Greg Boro	5									
Treasurer	0	X		X				0.	0.	0.
(10) Ann Monroe	5									
President	0	X		X				0.	0.	0.
(11) Arpana Tiwari	5									
Director	0	X						0.	0.	0.
(12) Margaret Laffan	5							_	_	
Director	0	X						0.	0.	0.
(13) Jeff Segall	5							_		
Director	0	X						0.	0.	0.
(14) Shruti Gopinathan	5								_	
Director	0	X						0.	0.	0.

Form 990 (2024) Green Foothills Foundat									94-612185			
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C)												
(A) Name and title	(B) Average hours per week	box,	unle er an	Posi heck ss pei id a d	ition more rson i	than on s both a or/trustee	an C	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from		
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	stitutional trustee	Officer	Key employee	Highest compensated employee	ommer	MISC/1099-NEC)	MISC/1099-NEC)	the organization and related organizations		
(15) Susan Hansch	5											
Director	0	X						0.	0.	0.		
(16) Claudia Rossi	5	.,						•				
Director	0	X				\vdash		0.	0.	0.		
(17) Lisa Liddle	5	·						0	0	0		
Director	5	Х						0.	0.	0.		
<u>(18)</u> <u>Jean_Forstner</u>	$-\frac{5}{0}$	X						0.	0.	0		
(10) Diada Kandarat	5	Λ						0.	0.	0.		
Director	$-\frac{3}{0}$	X						0.	0.	0.		
(20) Fernando Fernandez	5	1						<u> </u>	<u> </u>	<u> </u>		
Director	0	X						0.	0.	0.		
(21) Susan Michaels	5											
Director	0	X						0.	0.	0.		
(22)												
(02)												
(23)												
(24)												
(25)												
1b Subtotal								249,271.	0.	2,360.		
c Total from continuation sheets to Part VII, Sect	ion A						. —	0.	0.	0.		
d Total (add lines 1b and 1c)							_	249,271.	0.	2,360.		
Total number of individuals (including but not limited from the organization 2	d to those I	isted	abo	ve) v	who	receive	ed mo	ore than \$100,00	0 of reportable comp	pensation		
3 Did the organization list any former officer, direct							م مادن	-1		Yes No		
3 Did the organization list any former officer, direct on line 1a? If "Yes, "complete Schedule J for suc	ch individu	ial	зу е 						нюуее 	. 3 X		
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual	er than \$1	50,0	00?	If "	Yes,	" com	iplete	Schedule J for		. 4 X		
5 Did any person listed on line 1a receive or accru										· · · ·		
for services rendered to the organization? If "Ye	es," comple	ete S	Sche	dule	J f	or suci	th per	rson		. 5 X		
Section B. Independent Contractors												
1 Complete this table for your five highest comper compensation from the organization. Report comper	nsated indensation for	epen the c	den alen	t coi dar '	ntra vear	ctors t endin	that ro a with	received more the ore	nan \$100,000 of ganization's tax vear	·.		
(A) Name and business add					y ou.	0.10.1.	9	(B) Description of		(C) Compensation		
										-		
2 Total number of independent contractors (including \$100,000 of compensation from the organization		ited t	o the	ose I	isted	d above	e) wh	no received more	than			

		Check if Schedule O contains a re-	sponse or note to any	y line in this Part VI	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
IS, IS	1a	Federated campaigns 1a	1				
ᄩ	b	Membership dues)				
פַ פַּ	С	Fundraising events	295,807.				
it S	d	Related organizations 1c	230,007.				
1. G	e	Government grants (contributions)					
Contributions, Gifts, Grants, and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above 1f	113,000.				
É Đ	g	Noncash contributions included in					
n or	_	lines 1a-1f1c					
	h	Total. Add lines 1a-1f		1,731,799.			
Program Service Revenue			Business Code				
√er	2a	<u>Tuition</u>	611430	15,400.	15,400.		
Be	b						
<u>ic</u>	С						
eΓ	d						
S	е						
Tar	f	All other program service revenue					
ပို	q	T • • • • • • • • • • • • • • • • • • •		15,400.			
ш.	_			13,400.			
	3	Investment income (including dividends other similar amounts)	, interest, and	54,958.			54,958.
	4	Income from investment of tax-exem		34,330.			34,330.
	5	Royalties					
	,	(i) Real	(ii) Personal				
	6-	Gross rents 6a	(ii) i cisoriai				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
	b	other than inventory Less: cost or other basis					
		and sales expenses 7b					
	С	Gain or (loss) 7c					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including \$ $295,807$. of contributions reported on line 1c).					
ď		See Part IV, line 18	8a 17,835.				
Je.			8b 35,069.				
ᅙ	С	Net income or (loss) from fundraising		-17,234.			
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	С	Net income or (loss) from gaming ac	tivities				
	1 0 a	Gross sales of inventory, less returns and allowances	10a				
	b	<u> </u>	10b				
		Net income or (loss) from sales of in					
10	Ť		Business Code				
֓֞֞֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֓֓֡֓֓֡֓	11a	Miscellaneous_Income_	900099	580.			580.
scellaneous Revenue	11a b c d	TITOCCTTUTICOUS THEOME		500.			500.
<u>6</u> a			_				
	ہ	All other revenue	-				
<u> </u>				500			
_		Total. Add lines 11a-11d		580.	15 400		FF F00
	12	Total revenue. See instructions		1,785,503.	15,400.	0.	55,538.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a re	esponse or note to any			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,344.	4,344.	3	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,7222	-,		
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	150,138.	96,088.	22,521.	31,529.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	628,223.	501,004.	20,198.	107,021.
-	Pension plan accruals and contributions	020,223.	301,004.	20,190.	107,021.
8	(include section 401(k) and 403(b) employer contributions)	3,033.	2,328.	166.	539.
9	Other employee benefits	56,045.	43,185.	2,950.	9,910.
10	Payroll taxes	61,444.	47,201.	3,342.	10,901.
11	Fees for services (nonemployees):	01,111.	47,201.	3,342.	10,301.
	Management				
	Legal				
	Accounting	102,269.		102,269.	
	Lobbying	102,209.		102,209.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A), amount, list line 11g expenses on Schedule O.)	82,478.	66,125.	1,277.	15,076.
12	Advertising and promotion	11,746.	10,112.	66.	1,568.
13	Office expenses	71,847.	24,705.	29,090.	18,052.
14	Information technology	27,897.	11,697.	2,071.	14,129.
15	Royalties				
16	Occupancy	29,487.	19,815.	4,535.	5,137.
17	Travel	3,226.	3,004.	31.	191.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,353.	7,344.	1,082.	1,927.
20	Interest	,	,	,	,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	745.	501.	115.	129.
23	Insurance	6,025.	347.	5,588.	90.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)	,		,,,,,,	
a					
b	'				
C					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,249,300.	837,800.	195,301.	216,199.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	any lin	e in this Part X	<u></u>	<u></u>	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			204,077.	1	257,142.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			389,164.	3	452,763.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	I contribi	utor, or 35%		5	
	6	Loans and other receivables from other disqualified p					
	0	section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net				7	
G	-	Inventories for sale or use				8	
ë	8			-	6 667	-	
Assets	9	Prepaid expenses and deferred charges			6,667.	9	
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	9,270.			
	b	Less: accumulated depreciation		9,270.	745.	10c	
	11	Investments — publicly traded securities		H	1,926,678.	11	2,349,615.
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11.				13	
	14	Intangible assets.				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line	33)		2,527,331.	16	3,059,520.
	17	Accounts payable and accrued expenses			155,166.	17	113,342.
	18	Grants payable		<u> </u>		18	
	19	Deferred revenue			6,631.	19	2,065.
	20	Tax-exempt bond liabilities		-		20	
es	21	Escrow or custodial account liability. Complete Part		L		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or 3	35% □		22	
_	23	Secured mortgages and notes payable to unrelated the		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third		<u> </u>		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•			25	
	26	Total liabilities. Add lines 17 through 25	<u></u>	<u> </u>	161,797.	26	115,407.
ıces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	9	X			
쿌	27	•			880,918.	27	1,007,913.
Ba	28	Net assets with donor restrictions			1,484,616.	28	1,936,200.
P P		Organizations that do not follow FASB ASC 958, che	ck here				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Net Assets or Fund Balance		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipment of the surplus of the	nent fund	d		30	
SS	31	Retained earnings, endowment, accumulated income	, or othe	r funds		31	
t A	32	Total net assets or fund balances			2,365,534.	32	2,944,113.
울	33	Total liabilities and net assets/fund balances			2,527,331.	33	3,059,520.
RΔ	Δ		TEEA0111	L 09/05/24	, , ,		Form 990 (2024)

Χ

За

3b

Guidance, 2 C.F.R. Part 200, Subpart F?....

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

	ı uıe		nills Foundati	lon			Employer identifica	
		dba Green I					94-612185	
Part		Reason for Public Cha						ctions.
he o	rga	nization is not a private found	lation because it is: (For lines 1 through 12,	check o	nly one	box.)	
1		A church, convention of church			,	b)(1)(A)(i).	
2		A school described in section	n 170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)			
3		A hospital or a cooperative h	ospital service organi	ization described in sec	ction 170)(b)(1)(A	A)(iii).	
4		A medical research organiza name, city, and state:	tion operated in conju	unction with a hospital o	describe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's
5		 An organization operated for	the benefit of a colle	ge or university owned	or opera	ated by	a governmental unit de	escribed in
6	П	section 170(b)(1)(A)(iv). (Co A federal, state, or local gove		intal unit described in s	ection 1	70/h)/1\	(A)(₁)	
7	Χ	An organization that normally r	eceives a substantial p					olic described
•	П	in section 170(b)(1)(A)(vi). (Complete Part II.)	• • • • • • • • • • • • • • • • • • • •			3	
8	Щ	A community trust described			•			
9		An agricultural research organi or university or a non-land-granuniversity:						
10		An organization that normally from activities related to its einvestment income and unre June 30, 1975. See section 9	exempt functions, sub lated business taxable	ject to certain exception in the income (less section)	ns; and	(2) no r	nore than 33-1/3% of it	ts support from gross
11		An organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).	
12		An organization organized ar or more publicly supported o lines 12a through 12d that de	rganizations describe	d in section 509(a)(1) d	or sectio	n 509(a)(2). See section 509(a	ut the purposes of one)(3). Check the box on
а		Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elect	d, or controlled by its sup	ported o	rganizat	ion(s), typically by giving	the supported on. You must
b		Type II. A supporting organiz management of the supporting must complete Part IV. Secti	ation supervised or coganization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by the supported organizati	having control or ion(s). You
С		Type III functionally integrat organization(s) (see instructi	ed. A supporting orga	anization operated in co	nnectio	n with, a	and functionally integra	ted with, its supported
d		Type III non-functionally integrated. The constructions). You must comp	egrated. A supporting organization generally	organization operated must satisfy a distribu	in conne	ection w	rith its supported organ	ization(s) that is not
е		Check this box if the organiz	ation received a writte	en determination from t	the IRS	that it is	a Type I, Type II, Type	e III functionally
f	Fn	integrated, or Type III non-fu						
a		ovide the following information	•					
		me of supported organization	(ii) EIN	(iii) Type of organization	(iv)	s the	(v) Amount of monetary	(vi) Amount of other
•	,	3.	(,, =	(described on lines 1-10 above (see instructions))	organizat in your g	ion listed overning	support (see instructions)	support (see instructions)
					Yes	No		
					165	NO		
A)								
В)								
C)								
D)								
E)								
/ Fotal								

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,211,519.	1,574,786.	1,635,223.	1,869,172.	1,749,634	8,040,334.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,211,519.	1,574,786.	1,635,223.	1,869,172.	1,749,634	
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)						161,997.
6	Public support. Subtract line 5 from line 4						7,878,337.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	1,211,519.	1,574,786.	1,635,223.	1,869,172.	1,749,634	8,040,334.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,689.	15,206.	19,072.	76,439.	54,958	178,364.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,	,	, , ,	,	, , , , , ,	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI		5,639.	130.		580	
11	Total support. Add lines 7 through 10						8,225,047.
12	Gross receipts from related activ	vities, etc. (see ins	structions)				100,809.
13	First 5 years. If the Form 990 is organization, check this box and						
Sec	tion C. Computation of Pu						
	Public support percentage for 20						30110
15	Public support percentage from	2023 Schedule A,	Part II, line 14			1	92.38 %
16a	33-1/3% support test—2024. If t and stop here. The organization	he organization di qualifies as a pul	d not check the b olicly supported o	ox on line 13, and rganization	d line 14 is 33-1/3	3% or more, ch	eck this box
b	33-1/3% support test—2023. If the and stop here. The organization	ne organization did i qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more	e, check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this b	box and stop here	. Explain in Pa	rt VI how
	10%-facts-and-circumstances te or more, and if the organization organization metas the facts-and	meets the facts-a d-circumstances to	nd-circumstances est. The organizat	test, check this lition qualifies as a	box and stop here publicly supporte	e. Explain in Pa d organization	rt VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line	ıз, 16a, 16b, 17a	, or 1/b, check th	is box and see	instructions

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.)

500	tion A Public Support			<u> </u>			
	tion A. Public Support	(*) 0000	(h) 0001	(a) 2022	(4), 0000	/-> 000 f	40 T-1-1
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
2	any "unusual grants.")						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support				1		
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)	(3)
	tion C. Computation of Pul					т .	_
	Public support percentage for 20	•	•		-		5 %
	Public support percentage from 2					1	6 %
Sec	tion D. Computation of Inv					<u></u>	
17	Investment income percentage for	or 2024 (line 10c,	column (f), divide	ed by line 13, col	umn (f))	1	7 %
18	Investment income percentage f	rom 2023 Schedu	lle A, Part III, line	17		1	8 %
	33-1/3% support tests—2024. If t is not more than 33-1/3%, check	this box and sto	p here. The orgar	nization qualifies a	as a publicly supp	orted organiza	tion
	33-1/3% support tests—2023. If t line 18 is not more than 33-1/3% Private foundation. If the organization	6, check this box	and stop here. Th	e organization qu	ialifies as a public	cly supported o	rganization

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2			
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.	3a			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b			
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.	3c			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b			
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.	4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was				
	accomplished (such as by amendment to the organizing document).				
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b			
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c			
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a			
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b			
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 .	9с			
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.	10a			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	1 0 b			

Par	t IV	Supporting Organizations (continued)				
11	Lloc t	the expenientian accepted a gift or contribution from any of the following persons?		Yes	No	
		the organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,				
		overning body of a supported organization?	11a			
b	A fan	nily 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	tion l	B. Type I Supporting Organizations				
				Yes	No	
1	or mo office organ than were	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one per supported organizations have the power to regularly appoint or elect at least a majority of the organization's error, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers g the tax year.	1			
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2			
Sec	tion (C. Type II Supporting Organizations				
000	(1011	or Type it Supporting Organizations		Yes	No	
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees				
	of ea	ch of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1			
Sec	tion I	D. All Type III Supporting Organizations				
		The settles of the set of		Yes	No	
1	orgar year,	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1			
	orgai	ilzation's governing documents in effect on the date of notification, to the extent not previously provided:				
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).					
3	voice all tin	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played is regard.	3			
Sec	tion I	E. Type III Functionally Integrated Supporting Organizations				
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).				
а	Т	he organization satisfied the Activities Test. Complete line 2 below.				
b	, 🔲 т	the organization is the parent of each of its supported organizations. Complete line 3 below.				
c	: T	he organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).				
2	Activi	ities Test. <i>Answer lines 2a and 2b below.</i>		Yes	No	
а	suppo orgai	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was				
	respo const	onsive to those supported organizations, and how the organization determined that these activities tituted substantially all of its activities.	2a			
t	more reaso	ne activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the ons for the organization's position that its supported organization(s) would have engaged in these activities	2b			
_	but for the organization's involvement.					
		nt of Supported Organizations. Answer lines 3a and 3b below. ne organization have the power to regularly appoint or elect a majority of the officers, directors,				
	or tru	stees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a			
	suppi	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b			

Schedule A	(Form 990) 2024	Green	Foothills	Foundation	94-612185
Part V	Type III Non-Function	nally Inte	grated 509(a)	(3) Supporting Organizations	

Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	v. 20, 1970 (explain ir t complete Sections A	n Part VI). See through E.
tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
tion C — Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
(see instructions).	grated		ganization
	Instructions. All other Type III non-functionally integrated supporting organization Lition A — Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Lition B — Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): A verage monthly value of securities A verage monthly value of securities A verage monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Lition C — Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally interprior year.	instructions. All other Type III non-functionally integrated supporting organizations must ition A — Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions 2 Dither gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Action B — Minimum Asset Amount 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 1 Average monthly value of securities 2 Fair market value of other non-exempt-use assets 3 Total (add lines 1a, 1b, and 1c) 9 Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 8 Center of Sof line 1. 8 Aligned Net Income for prior year (from Section B, line 8, column A) 1 Enter 0.85 of line 1. 9 Distributable Amount. 1 Check here if the current year is the organization's first as a non-functionally integrated designs and center of line 2 or line 3. Check here if the current year is the organization's first as a non-functionally integrated	Net short-term capital gain Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Stion B — Minimum Asset Amount 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 3 Average monthly value of securities 4 Total (add lines 1a, 1b, and 1c) 10 Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indetail in Part VI): Acquisition indetail near typ: Acquisition indetail or exempt use. Enter 0.015 of line 3 (for greater amount, see instructions) Multiply line 5 by 0.035. Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) Minimum Asset Amount (add line 7 to line 6) Minimum Asset Amount (add line 7 to line 6) Minimum Asset Amount (add line 7 to line 6) Minimum Asset Amount (add line 7 to line 8, column A) 1 Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) 1 Enter o.85 of line 1. Minimum Asset amount (add line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type Ill supporting or (see instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ntions (continue	d)	
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_ 7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	on is responsive (provide	details	8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2024	ons	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required — explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2024				
а	From 2019				
b	From 2020				
	From 2021				
	From 2022				
	From 2023				
1	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2024 distributable amount				
	Carryover from 2019 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D, line 7:				
a	Applied to underdistributions of prior years				
	Applied to 2024 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				
e	Excess from 2024				

BAA Schedule A (Form 990) 2024

94-6121854

Page 8

Part VI

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

Part II, Line 10 - Other Income

Nature and Source	2024		20232022		2021	2020
Miscellaneous refunds Total		30. 30. \$	0.	\$ 130. \$ 130.	\$ 5,63 \$ 5,63	39. \$9. \$ 0.

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

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

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

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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) o	organizations: Complete Part III.			
		hills Foundation		Employer identifica	tion number (EIN)
	dba Green	Foothills		94-612185	
	•	rganization is exempt under section	• •		zation.
1	Provide a description of the See instructions for definitio	organization's direct and indirect political on of "political campaign activities."	ampaign activities in	Part IV.	
2	Political campaign activity ex	xpenditures. See instructions		\$	
3	Volunteer hours for political	campaign activities. See instructions			
Par	t I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1		cise tax incurred by the organization under			
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955.	\$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
		rganization is exempt under section	• • •	, , , ,	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities \$	
2	Enter the amount of the filin 527 exempt function activities	g organization's funds contributed to other	organizations for sec	tion \$	
3	Total exempt function expendine 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	\$	
4	Did the filing organization fil	e Form 1120-POL for this year?			Yes No
5	were promptly and directly d	, and EINs of all section 527 political orgar mount paid from the filing organization's funds lelivered to a separate political organization all space is needed, provide information in	n. such as a separate	filing organization mad nt of political contribution segregated fund or a p	de payments. For each s received that political action
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990) 2024

Contour C (1 of th 300) 2024	Green Footn	llis roundation		94-6121	854 Tage 2
Part II-A Complete if section 501(is exempt under sec	tion 501(c)(3) and	filed Form 5768 (ele	ction under
	***	s to an affiliated group (and	list in Part IV each affilia	ted group member's name,	
	·	share of excess lobbying	•		
B Check if the filin	g organization checke	ed box A and "limited control"	provisions apply.		
(The term	Limits on Lobby "expenditures" mea	ing Expenditures ns amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditu	ures to influence put	olic opinion (grassroots lob	bying)	2,879.	
b Total lobbying expenditu	ures to influence a le	egislative body (direct lobby	ying)	9,910.	
c Total lobbying expenditure	ures (add lines 1a ai	nd 1b)		12,789.	0.
d Other exempt purpose e	expenditures			1,236,473.	
e Total exempt purpose e	xpenditures (add lin	es 1c and 1d)		1,249,262.	0.
		ount from the following tab		199,926.	
IF the amount on line 1e, col	umn (a) or (b), is:	THEN the lobbying nontaxal	ole amount is:		
not over \$500,000		20% of 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 \$	17,000,000	\$225,000 plus 5% of the excess o	ver \$1,500,000.		
over \$17,000,000		\$1,000,000.			
•	•	of line 1f)	<u> </u>	49,982.	0.
h Subtract line 1g from lin	ne 1a. If zero or less	, enter -0		0.	0.
i Subtract line 1f from lin	e 1c. If zero or less,	enter -0		0.	0.
j If there is an amount othe section 4911 tax for this	er than zero on either s year?	line 1h or line 1i, did the orga	anization file Form 4720 i	eporting	Yes No
		4-Year Averaging Period U			
(Som		t made a section 501(h) ele ow. See the separate instr			
	Lobby	ying Expenditures During	4-Year Averaging Perio	d	
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	237,733	1. 195,272.	198,112.	199,926.	831,041.
b Lobbying ceiling amount (150% of line 2a, column (e))					1,246,562.
c Total lobbying expenditures	16,76	5,290.	3,945.	12,789.	38,787.
d Grassroots nontaxable amount	59,433	3. 48,818.	49,528.	49,982.	207,761.
e Grassroots ceiling amount (150% of line 2d, column (e))					311,642.
f Grassroots lobbying expenditures	8,988	3. 2,582.	2,482.	2,879.	16,931.
RΔΔ				Schedul	e C (Form 990) 2024

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)).

_		(a	1)	(b)	
	r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed scription of the lobbying activity.			Amount	
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:				
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Madia adjusting mosts?				
d	Media advertisements?				
f	Publications, or published or broadcast statements?				
h	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Other activities?				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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

Part IV Supplemental Information

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

Additional Information

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

BAA Schedule C (Form 990) 2024

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Green Foothills Foundation dba Green Foothills 94-6121854 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate value of contributions to (during year). Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.... Yes Nο Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a 2b **b** Total acreage restricted by conservation easements..... c Number of conservation easements on a certified historic structure included on line 2a...... 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..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 \$ 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)?.... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1.....

b Assets included in Form 990, Part X.....

Part III Organizations Main	taining Collec	tions of Art, His	toricai i reasures,	or Other Similar A	ssets	(contil	nuea)
3 Using the organization's acquisition items (check all that apply).	n, accession, and ot	her records, check a	ny of the following that m	ake significant use of its	collectio	n	
a Public exhibition		d Loan	or exchange program				
b Scholarly research		e Other					
c Preservation for future gene	rations	_					
4 Provide a description of the organize Part XIII.	zation's collections	and explain how they	further the organization's	s exempt purpose in			
5 During the year, did the organizato be sold to raise funds rather t	han to be maintair	ned as part of the o	t, historical treasures, organization's collection	r other similar assets	Yes	[No
Part IV Escrow and Custod	lial Arrangeme	ents		•			
Complete if the organization form 990, Part X, Iii	ne 21.			•	ın amo	o tnuc	n ———
1a Is the organization an agent, tru on Form 990, Part X?	stee, custodian, oi	r otner intermediary	tor contributions or oth	er assets not included	Yes		No
b If "Yes," explain the arrangement i							
- Designing belongs					Amoun	[
c Beginning balance							
d Additions during the year							
e Distributions during the yearf Ending balance							
2a Did the organization include an					Yes		- No
b If "Yes," explain the arrangemen				,			No
b ii res, explain the arrangemen	it iii Part XIII. Che	ск пеге п ше ехріа	nation has been provide	eu III Part AIII		· · · · · L	
Part V Endowment Funds							
Complete if the orga	anization answ	ered "Yes" on F	orm 990 Part IV I	ine 10			
	ariizatiori arisw	cica ics oiii	omi 550, i ait iv, ii				
	(a) Current year	(b) Prior yea	r (c) Two years back	(d) Three years back	(e)	Four year	s back
1a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships					+		
e Other expenditures for facilities							
and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	je of the current ye	ear end balance (lir	ne 1g, column (a)) held	as:			
a Board designated or quasi-endo	wment	%					
b Permanent endowment	%						
c Term endowment	%						
The percentages on lines 2a, 2b, a	nd 2c should equal	100%.					
3a Are there endowment funds not in	the nossession of th	ne organization that a	are held and administered	for the			
organization by:	the pedagosolom of the	To organization that t	are riole and dariiinstored	Tor the		Yes	No
(i) Unrelated organizations?					. 3a(i)		
(ii) Related organizations?					. 3a(ii)		
b If "Yes" on line 3a(ii), are the re	lated organizations	s listed as required	on Schedule R?		. 3b		
4 Describe in Part XIII the intende	d uses of the orga	nization's endowme	ent funds.				
Part VI Land, Buildings, an	d Equipment						
Complete if the organizat	ion answered "Yes'	on Form 990, Part	IV, line 11a. See Form 9	90, Part X, line 10.			
Description of property		Cost or other basis	(b) Cost or other	(c) Accumulated	(d)	Book va	alue
		(investment)	basis (other)	depreciation	(u)		
1a Land							
b Buildings							
c Leasehold improvements							
d Equipment			8,825.	8,825.			0.
e Other			445.	445.			0.
Total. Add lines 1a through 1e. (Colum	nn (d) must equal	Form 990, Part X,	line 10c, column (B))				0.
				0 1 1 5 7	000: :		200.00

Schedule D (Form 990) (Rev. 12-2024)

	Complete if the organization answered "Yes" or	Form 990 Part IV lin	N/A le 11h See Form 990 Part X line 12	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
	I derivatives		· · · · · · · · · · · · · · · · · · ·	,
	neld equity interests			
(3) Other				
(A) –				
(B)				
(A) (B) (C)				
(D) (E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, line 12, column (B))			
Part VIII	Investments — Program Related Complete if the organization answered "Yes" or	Form 990 Part IV lin	N/A	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	id-of-vear market value
(1)	(L) Decomption of invocation	(2) 20011 10100	(c) meaned or valuations doct or or	a or your marrier raide
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, line 13, column (B))			
Part IX	Other Assets	N/.		
	Complete if the organization answered "Yes" or	<u>n Form 990, Part IV, IIN</u> escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
(1)	(a) 50	3011/2011		(B) Book Value
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
	mn (b) must equal Form 990, Part X, line 15, o	column (B))		
Part X	Other Liabilities Complete if the organization answered "Yes" or			25
1.		ription of liability	to the of thi. See Fulli 330, Falt A, Illie	(b) Book value
	l income taxes	,		(-, 200 raido
(2)				
(3)				
(4)				
(4) (5)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6) (7) (8)				
(4) (5) (6) (7) (8) (9)	nn (b) must equal Form 990, Part X, line 25, c	olumn (P))		

Part XI Reconciliation of Revenue per Audited Financial Statements Wi	th Revenue per Return N/A
Complete if the organization answered "Yes" on Form 990, Part	V, line 12a.
1 Total revenue, gains, and other support per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2e
3 Subtract line 2e from line 1.	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements W	ith Evnances per Peturn N/A
Complete if the organization answered "Yes" on Form 990, Part	
	V, line 12a.
Complete if the organization answered "Yes" on Form 990, Part	V, line 12a.
Complete if the organization answered "Yes" on Form 990, Part I 1 Total expenses and losses per audited financial statements	V, line 12a.
Complete if the organization answered "Yes" on Form 990, Part I 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	V, line 12a.
Complete if the organization answered "Yes" on Form 990, Part I 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 2a	V, line 12a.
Complete if the organization answered "Yes" on Form 990, Part 1 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2b	V, line 12a.
Complete if the organization answered "Yes" on Form 990, Part I 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 20 22 22 25	V, line 12a.
Complete if the organization answered "Yes" on Form 990, Part 1 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.)	V, line 12a
Complete if the organization answered "Yes" on Form 990, Part I 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	V, line 12a
Complete if the organization answered "Yes" on Form 990, Part I 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	V, line 12a
Complete if the organization answered "Yes" on Form 990, Part I 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Ab Other (Describe in Part XIII.)	V, line 12a.
Complete if the organization answered "Yes" on Form 990, Part I 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	V, line 12a.
Complete if the organization answered "Yes" on Form 990, Part I 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Ab b Other (Describe in Part XIII.)	V, line 12a.

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.

Schedule D (Form 990) (Rev. 12-2024)

(Rev. December 2024)

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

Attach to Form 990 or Form 990-EZ.

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public Inspection

lame of the organization Green Foothil		tion			Employer identific			
dba Green Foo		mi-ation a	naucarad II	Vaall on Farm 000 Day	94-612185	14		
Part I Fundraising Activities. Comp Form 990-EZ filers are not re	equired to comp	inization a lete this p	nswered " art.	Yes" on Form 990, Par	tiv, line 17.			
1 Indicate whether the organization	raised funds th	rough any	of the foll	owing activities. Check	all that apply.			
a Mail solicitations			е	Solicitation of nong	government grants			
b Internet and email solicitations	5		f	Solicitation of gove	Solicitation of government grants			
c Phone solicitations			g	Special fundraising	Special fundraising events			
d In-person solicitations	<u> </u>							
2a Did the organization have a writter	n or oral agreer	ment with	any individ	dual (including officers,	directors, trustees, or	kev —		
employees listed in Form 990, Par	t VII) or entity	in connect	tion with p	rofessional fundraising	services?	Yes X No		
b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	iduals or entities	s (fundraise	ers) pursua	nt to agreements under v	which the fundraiser is to	be		
Compensated at least \$5,000 by the	T Organization				T	T		
(i) Name and address of individual	(ii) Activity (iii) Did fundraiser		(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to			
or entity (fundraiser)	(ii) Activity	have custor	dy or control ibutions?	from activity	fundraiser listed in	(or retained by) organization		
					col. (i)			
1		Yes	No					
1								
2								
2								
3								
_								
4								
5								
6								
7								
8								
0								
9								
10								
		1						
Гotal						0.		
3 List all states in which the organization				ontributions or has been	notified it is exempt from			
or licensing.								
<u>CA</u>								

		G (Form 990) (Rev. 12-2024) Green F Fundraising Events. Complete if	the organization ar	swered "Yes" on Fo	94-612 orm 990, Part IV, I	ne 18, or
		reported more than \$15,000 of fur and 6b. List events with gross rec	eipts greater than s (a) Event #1 Nature's Inspi	tributions and gross \$5,000. (b) Event #2	(c) Other events None	(d) Total events (add col. (a) through col. (c))
Revenue		Ones and inte	(event type)	(event type)	(total number)	
	1	Gross receipts	313,642.			313,642.
	2	Less: Contributions	295,807.			295,807.
	3	Gross income (line 1 minus line 2) Cash prizes	17,835.			17,835.
	4	·				
Se	5	Noncash prizes	20, 000			20.000
Direct Expenses	6	Food and beverages	28,900.			28,900.
	7 8	Entertainment				
	9	Other direct expenses	6,169.			6 160
		,	0,200.			6,169.
	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fro				35,069. -17,234.
Par	t III	Gaming. Complete if the organiza than \$15,000 on Form 990-EZ, lin	tion answered "Ye: e 6a.	s" on Form 990, Pa	rt IV, line 19, or re	ported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
22	1	Gross revenue				
ses	2	Cash prizes				
pense						
ж	3	Noncash prizes				
Jirect Expe	3	Noncash prizes				
Direct Expenses	_	·				
Direct Expe	4	Rent/facility costs	Yes 8	Yes %	Yes %	
Direct Expe	4 5	Rent/facility costs Other direct expenses	No	No	No	
Direct Expe	4 5 6	Rent/facility costs Other direct expenses Volunteer labor	ough 5 in column (d)	No No	No	

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

b If "Yes," explain: _ _

Sche	edule G (Form 990) (Rev. 12-2024) Green Foothills Foundation 9	4-6121854	Page 3
11	Does the organization conduct gaming activities with nonmembers?	·····Yes	No
12	Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity f administer charitable gaming?		No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility.	13a	%
	a An outside facility	1	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:	
	Name		
	Address		
ŀ	a Does the organization have a contract with a third party from whom the organization receives gaming revenue of If "Yes," enter the amount of gaming revenue received by the organization \$ and the of gaming revenue retained by the third party \$ for the name and address of the third party:	ne? Yes ne amount	No
	Name		
	Address		l
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	□No
ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year \$		□•
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.	lumns (iii) and (y additional	(v);

Noncash Contributions

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

OMB No. 1545-0047 2024

Department of the Treasury Internal Revenue Service Name of the organization

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

Green Foothills Foundation

Open to Public Inspection

Employer identification number

dba Green Foothills 94-6121854 Types of Property Part I (a) (b) (c) (d) Method of determining noncash contribution amounts Chèck if Number of Noncash contribution applicable contributions or amounts reported on Form 990, items contributed Part VIII, line 1g Art — Historical treasures..... Art — Fractional interests..... Books and publications..... 4 5 Clothing and household goods..... 6 7 Boats and planes..... 8 Intellectual property..... 9 Χ 47,381. FMV Securities - Closely held stock..... Securities - Partnership, LLC, or trust interests. 11 Securities - Miscellaneous..... Qualified conservation contribution -13 Qualified conservation contribution — Other. 14 15 16 17 Real estate – Other..... 18 19 Food inventory..... 20 Taxidermy..... 21 Historical artifacts..... Scientific specimens..... 23 24 Archeological artifacts..... 25 Other 25,000. FMV (Event supplies 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?..... 30 a Χ **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?.... 31 Χ 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 a Χ **b** If "Yes." describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

describe in Part II.

Schedule M (Form 990) 2024

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

BAA TEEA4602L 08/14/24 Schedule M (Form 990) 2024

(Rev. December 2024)

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 $\ensuremath{\textit{www.irs.gov/Form990}}$ for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

dba Green Foothills

94-6121854

Employer identification number

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

Green Foothills Foundation

Advocacy: Green Foothills champions the protection of nature, wildlife, and people in San Mateo, Santa Clara, and San Benito Counties through advocacy, education, and grassroots action. Our goal is to ensure that local land use decisions support open space, biodiversity, and sustainability. We achieve this by influencing decision-making on land use policy and proposals to better promote climate resilience and biodiversity. We provide the support and information needed for current and future decision-makers to be champions for conservation, and we leverage diverse partnerships to support smart and inclusive climate solutions. endorsement and support of San Benito County???s Measure A and California???s Proposition 4 helped achieve big ballot box wins for the environment locally and statewide. We also successfully advocated for local policy changes related to groundwater and farmworker housing, and helped defeat policy amendments that would have allowed sprawl and loss of farmland. We were steadfast in our ongoing work to protect Bay wetlands from excessive office development, supported new, safe, affordable, farmworker housing along the San Mateo County coast while protecting the coast from inappropriate development, and opposed increased commercial development along the Coyote Creek corridor in Coyote Valley. We also opposed a proposed open-pit sand and gravel mine at Juristac ??? the Amah Mutsun???s most sacred site ??? near Gilroy. Our Healing in Nature program provided restorative nature outings that connected nearly 200 people to local parks and preserves, including special outings for at-risk youth, farmworkers, seniors, veterans, families with children, and In addition, we continue to build trust with local tribes and Spanish speakers. Indigenous groups and provide resources to add capacity to their tribes and nonprofit organizations, including leadership development and grant writing assistance.

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

dba Green Foothills

94-6121854

Employer identification number

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

Green Foothills Foundation

the most at-risk habitats. We worked on 15 of those issues in collaboration with 110 tribes, organizations, and community leaders. We achieved 9 victories out of 10 concluded land use issues resulting in 8,183 acres of open space protected or benefited, 16 key wildlife and plant species benefited, 3 policies or plans adopted by governmental agencies, 16,347 comment letters sent in response to our 6 calls to action with 2 favorable outcomes, and 2 outcomes still pending.

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

Community Building Programs: Leadership, Tribal/Indigenous Partnerships, Healing in Nature. Our Leadership Program trains and invests in community members of all backgrounds in equitable, inclusive environmental activism in San Mateo, Santa Clara, and San Benito Counties. This year marked our 11th cohort and the second year we offered the program tuition-free and in Spanish and English, thanks to generous support from donors. The program builds community leader capacity that harnesses the power of collaboration within communities and mobilizes change agents to advance equitable, inclusive environmental activism locally. The Program aims to create pathways for people from all backgrounds to engage in and lead conservation work to help broaden representation in the local conservation movement. Leadership Program alumni 1) assume leadership roles where they apply a lens of environmental advocacy and cultural humility in their work; 2) initiate and join successful campaigns that advance Green Foothills??? mission and vision; and 3) are involved in the Green Foothills community. 2024 impact metrics: 19 local changemakers graduated (including 5 Spanish speakers) for a total of 278 alumni since 2014. 15 alumni took on new leadership roles for a total of 137 since 2014, and 11 initiatives were won by alumni for a total of 61 initiatives since 2014. Green Foothills' Tribal and

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

dba Green Foothills

94-6121854

Employer identification number

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

Green Foothills Foundation

of local tribal land trusts and indigenous-serving nonprofit organizations. This project leverages Green Foothills??? long-standing relationships and trust with local tribes and Indigenous groups, cultivated over the past decade, to meet the requests of the local Indigenous community. This includes enhancing the capacity of their tribes and nonprofit organizations through leadership development, grant writing assistance, volunteer recruitment, and raising public awareness of their priorities. Our partnership aims to support their long-term goals of land ownership, environmental stewardship, and cultural tradition preservation. In 2024, we helped secure \$450,000 in funding for a tribal partner, graduated a member of the Amah Mutsun Tribe from our 8-month Leadership Program cohort and provided a \$500 honorarium for her effort, wrote blog posts for the Muwekma Ohlone Preservation Foundation describing the work of two tribal members for their website, Green Foothills??? advocacy staff have supported and partnered with the Amah Mutsun to protect Juristac - the sacred heart of their ancestral territory - from a proposed open-pit sand and gravel mine, and provided \$3,000 in sponsorships to Calpulli Tonalehqueh, an Aztec dance group, for their Mexica New Year event. Green Foothills??? Healing in Nature series offered public groups meditative, healing experiences in protected parks and open spaces in Santa Clara and San Mateo Counties. The program has included special outings for veterans, farmworkers, Spanish-speakers, families, seniors, and system-engaged youth. For many of them, these outings were the first time they had connected with nature this way. Special emphasis was placed on building an ethnically diverse community of docents with cultural mindfulness training and expertise. In 2024, we held 8 outings in Santa Clara Valley Open Space Authority preserves that included serving 12 youth.

(Rev. December 2024)

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 $\emph{www.irs.gov/Form990}$ for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

94-6121854

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

Green Foothills Foundation

dba Green Foothills

We also recruited 3 compensated docents of color, with one a Spanish-speaker. All docents received cultural mindfulness training lessons from The Cultural Mindfulness Institute, and all participants and partners received information on our cultural mindfulness training curriculum.

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

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

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

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

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

Job Values are at least 50th percentile for comparable organizations defined as environmental advocacy nonprofits in San Mateo and Santa Clara Counties with expenses of \$1-\$2.5 million and 6-15 employees. We use the fair pay survey results to set our baselines. The CEO salary is set by the board.

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

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