			EXTENDED TO MAY 15, 202	24 om !-		~	OMB No. 1545-0047			
_	0	90	Return of Organization Exempt Fr							
For	n J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co			ations)				
		of the Treasury	Do not enter social security numbers on this form as it Go to www.irs.gov/Form990 for instructions and the	-			Open to Public Inspection			
_		enue Service e 2022 calenda			UN 30, 20	23	mopoorion			
	heck if		organization		D Employer ide		on number			
	pplicabl				,,					
	Addre	ge GREE	N CITY FORCE, INC.							
	Name Chang	ge Doing bi	usiness as		80-042	8040				
	Initial	Number	,	om/suite	E Telephone nu					
	Final return		FLUSHING AVENUE, 8TH FLOOR		(646)	681-				
	termir ated ∖Amen	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		4,056,388.			
	_return	BROO	KLYN, NY 11206		H(a) Is this a gro					
	tion pendi	F Name a	nd address of principal officer: TONYA GAYLE		for subordir					
		empt status:	AS C ABOVE \mathbf{X} = 504(a)() = 504(a)() = (insert no) = 4047(a)(1) or	507	H(b) Are all subordin					
	Vebsi		X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or GREENCITYFORCE.ORG	527	H(c) Group exem		. See instructions			
			X Corporation Trust Association Other	I Vear			tate of legal domicile: \mathbf{N}			
	nrt I	Summary				-				
	1	Briefly describ	e the organization's mission or most significant activities: TRAIN	YOUN	G LEADERS	то	POWER A			
S		GREEN AND INCLUSIVE ECONOMY, THROUGH SERVICE.								
nar	2	Check this bo	t assets							
Governance	3	Number of vot	3	12						
	4	Number of ind		4	12					
Activities &				5	165					
iviti			of volunteers (estimate if necessary)			6	481			
Act			d business revenue from Part VIII, column (C), line 12			7a	0.			
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	7b	0 . Current Year			
		Contributions	and grants (Dart)/III line 1b)		4,785,79	0	3,270,834.			
anı	8 9		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)	2,716,97		785,331.				
Revenue		•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		<u> </u>	0.	0.			
Re			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,56		223.			
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,515,32		4,056,388.			
			nilar amounts paid (Part IX, column (A), lines 1-3)		5,20		2,610.			
	14	Benefits paid	to or for members (Part IX, column (A), line 4)			0.	0.			
ŝ	15		r compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		3,975,04		4,201,205.			
Expenses	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)			0.	0.			
xpe	b		ng expenses (Part IX, column (D), line 25) 300, 802			_				
ш	1 17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,024,88		1,372,235.			
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,005,12		5,576,050.			
<u> </u>		Revenue less	expenses. Subtract line 18 from line 12		2,510,20 ginning of Current Y		<u>-1,519,662</u> .			
ts of		Total accest: "			5,017,74		End of Year 3,758,732.			
Asse	20	Total assets (F			102,97		363,630.			
Net Assets or	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20		4,914,76		3,395,102.			
_	nrt II	Signature			+,,,,,,,,	- •	5,555,102.			

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 🤞	Nignature of officer	V ate
Here	TONYA GAYLE, EXECUTIVE DIRECTOR	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Preparer's signatur	Check PTIN
Paid	MIKE SCHALL 03/19	/24 self-employed P02024184
Preparer	Firm's name SAX LLP	Firm's EIN 81-2950760
Use Only	Firm's address 1040 AVENUE OF THE AMERICAS, 16TH FLOOR	
	NEW YORK, NY 10018	Phone no. (212)268-2804
May the II	RS discuss this return with the preparer shown above? See instructions	X Yes No
232001 12-1	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2022)

Public Disclosure Copy

he organization undertake any significant program services during the year of Form 990 or 990-EZ? is," describe these new services on Schedule O. he organization cease conducting, or make significant changes in how it constant is," describe these changes on Schedule O. ribe the organization's program service accomplishments for each of its three on 501(c)(3) and 501(c)(4) organizations are required to report the amount of one of the angenes 2,968,932. including grants of \$ 2,968,932. including g	OUNG LEADERS TO POWER A GREEN WE ARE WORKING TOWARDS A AINABILITY, SOCIAL, ECONOMIC, RDS THIS VISION THROUGH OUR which were not listed on the
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LLS AND GENERATING UNRESTRICTED FUNDI	NG FOR THE ORGANIZATION.
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ses \$ including grants of \$) (Revenue \$) Form 990

Form 990 (2022) GREEN CITY F
Part IV Checklist of Required Schedules

GREEN CITY FORCE, INC.

			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			- 23
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444		х
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		v
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		- 23
19		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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Form 990 (2		GREEN CIT			
Part IV	Checklist of Red	quired Schedu	l les (continued	d)	

 GREEN CITY FORCE, INC.
 80-0428040
 Page 4

 equired Schedules (continued)
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 (continued)

~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
0 2	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22	- 72	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	x	
04 -	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 21	-
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			.
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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		X
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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
5	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?	000		
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<u> </u>
51		07		x
~~	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			
		7	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<u>.</u>		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	(202)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
•			Yes	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 165			
h	, , , , ,		х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b 3a	<u></u>	x
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b		
	It "Yes," has it filed a Form 990-1 for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		<u> </u>
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country			
D	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans			
•		1		
		14a		x
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>
15	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1
	If "Yes," complete Form 6069.			
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Form	990	(2022)
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FOUL 990 (2			FORCE,			0420040	
Part VI	Governance, Managem	ent, and	Disclosur	e. For each	"Yes" response to lines 2 through 7b below,	and for a "No"	' response
	to line 8a, 8b, or 10b below, de	scribe the	circumstances	, processes,	or changes on Schedule O. See instructions	š.	

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

X	

1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	2		
	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	1b 1	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		. 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		X X X X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	. 5		X
6	Did the organization have members or stockholders?		. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or			
	more members of the governing body?		. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or			
	persons other than the governing body?		. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following:			
а	The governing body?		8a	Х	
	Each committee with authority to act on behalf of the governing body?			Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)			
		,		Yes	N
0a	Did the organization have local chapters, branches, or affiliates?		. 10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		. 10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? // ")				
	on Schedule O how this was done	,	12c	Х	
3	Did the organization have a written whistleblower policy?		10	Х	
4	Did the organization have a written document retention and destruction policy?			Х	
5	Did the process for determining compensation of the following persons include a review and approva				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	• •			
	exempt status with respect to such arrangements?		. 16b		
ec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed $_\mathrm{NY}$				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and	nd 990-T (section 501(c)	(3)s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website X Another's website X Upon request Other (explain	on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	and finan	cial	
	statements available to the public during the tax year.	. ,			
0	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records			
	JOSEPH RICCARDELLI - (646) 681-4704	· · · · · -			
	630 FLUSHING AVENUE, 8TH FLOOR, BROOKLYN, NY 11206	5			
2006	12.13.22		Forn	י 990	(20)
			1 011		,,

• List all of the organization's former officers reportable compensation from the organization at	nd 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 t	•	•	gamzations.				
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.							
(A)	(B)	(C)	(D)	(E)	(F)		
Name and title	Average	Position (do not check more than one	Reportable	Reportable	Estimated		
	hours per	box, unless person is both an	compensation	compensation	amount of		
	week	officer and a director/trustee)	from	from related	other		

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.

	hours per	per box, unless person is both an						compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) TONYA GAYLE	40.00									
EXECUTIVE DIRECTOR				Х				153,000.	0.	3,954.
(2) ANNEL CABRERA-MARUS	40.00									
CHIEF PROGRAM OFFICER				Х				120,000.	0.	3,954.
(3) SINDRI MANZANARES	40.00									
CHIEF ADMINISTRATIVE OFFICER						X		120,000.	0.	1,954.
(4) STEVEN BERKENFELD	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(5) LUCIAN COHEN	1.00									
TREASURER AND SECRETARY		Х		Х				0.	0.	0.
(6) NATASHA LIFTON	0.50									
BOARD MEMBER		Х						0.	0.	0.
(7) MARGARETT JOLLY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) MARK MILES	0.50									
BOARD MEMBER		Х						0.	0.	0.
(9) ERIKA SYMMONDS	0.50									
BOARD MEMBER		Х						0.	0.	0.
(10) MICAH KOTCH	0.50									
BOARD MEMBER		Х						0.	0.	0.
(11) DEGAN LEOPOLD	0.50									
BOARD MEMBER		Х						0.	0.	0.
(12) MATTHEW WASHINGTON	0.50									
BOARD MEMBER		Х						0.	0.	0.
(13) TIMOTHY BRADLEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) RASMIA KIRMANI	0.50									
BOARD MEMBER		Х						0.	0.	0.
(15) DARIA HIRSCH	0.50									
BOARD MEMBER		Х						0.	0.	0.
(16) IBRAHIM ABDUL-MATIN	0.50									
BOARD MEMBER		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)
232007 12-13-22										

232007 12-13-22

Form 990 (2022)

09200319 795584 4610 Public Diseros City FORCE, INC. 46104.01

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

\$100,000 from the organization and any related organizations.

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

• 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 Page 7

	990 (2022) GREEN CI	TY FORCE	1,	IN	c.					80-04	2804	0	Page 8
Par	t VII Section A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week (list any	box offic	not c , unles	ss per	nore son is	than c s both r/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F Estim amou oth	ated nt of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS(1099-NEC)		from organiz and re	the zation
с	Subtotal Total from continuation sheets to Part V	/II, Section A							393,000. 0. 393,000.		0.		862. 0. 862.
_ <u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but compensation from the organization							o re			0.	9,	3
3	Did the organization list any former office										3	Ye	es No X
4	line 1a? <i>If "Yes," complete Schedule J for</i> For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportabl	e co	mpe	ensat	tion	and	oth	er compensation from t	he organization			
5 Sec	Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," con tion B. Independent Contractors										5		x
1	Complete this table for your five highest c the organization. Report compensation for								the organization's tax y		ensation		
	(A) Name and busines	s address	NC	ONE	2			_	(B) Description of s	ervices	Com	(C) pensa	tion
2	Total number of independent contractors \$100,000 of compensation from the organ		ot lin	niteo	to t	thos (ted	above) who received mo	ore than	For	m 99	0 (2022)

09200319 795584 4610 Public Diser 05810 FREEN CITY FORCE, INC. 46104.01

	n 990 (FORCE, INC	•		80-0428	040 Page 9
Pa	rt VII	Statement of Rev	venue					
		Check if Schedule O c	contains a respo	nse or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
						lanotonitovonuo		sections 512 - 514
ts	1 a	Federated campaigns	1a					
ran un	b		1b]			
<u> </u>	с	Fundraising events						
ifts ar A	d	Related organizations						
s, G Bils	е	Government grants (contri		1,629,475.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts,						
buti		similar amounts not included		1,641,359.				
li tri	g	Noncash contributions included in I						
Cor	h	Total. Add lines 1a-1f			3,270,834.			
				Business Code				
Ð	2 a	PROGRAM FEES			785,331.	785,331.		
Program Service Revenue	b							
Ser	с							
am Ser evenue	d							
Be	е							
Pro	f	All other program service	revenue					
	a	Total. Add lines 2a-2f			785,331.			
	3	Investment income (includ						
				·				
	4	Income from investment o						
	5	Royalties	-	-				
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	с	Rental income or (loss)	6c					
	d	Net rental income or (loss))					
		Gross amount from sales of	(i) Securit	ies (ii) Other				
		assets other than inventory	7a					
	b	Less: cost or other basis						
e		and sales expenses	7b					
evenue	с	Gain or (loss)	7c]			
		Net gain or (loss)						
Other R		Gross income from fundraisir						
đ		including \$	of					
		contributions reported on	line 1c). See					
		Part IV, line 18		8a				
	b	Less: direct expenses		8b				
	с	Net income or (loss) from t	fundraising even	nt <u>s</u>				
	9 a	Gross income from gaming	g activities. See					
		Part IV, line 19		9a				
	b	Less: direct expenses		9b				
	С	Net income or (loss) from	gaming activities	3				
	10 a	Gross sales of inventory, le						
		and allowances		10a	-			
	b	Less: cost of goods sold		10b				
	С	Net income or (loss) from s	sales of inventor					
s				Business Code	0.00			0.0.2
eou	11 a	OTHER INCOME			223.			223.
Miscellaneous Revenue	b							
Sev	С							
Mis	d	All other revenue			000			
		Total. Add lines 11a-11d			223.	705 221	0	223.
	12	Total revenue. See instructio	ons		4,056,388.	785,331.	0.	Form 990 (2022)
23200	9 12-13-	-22			1.0			FORM 330 (2022)

09200319 795584 4610 Poublic Diser 0580 Free City Force, INC. 46104.01

Form 990 (2022)

GREEN CITY FORCE, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	(-)		(C)	(ח)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,610.	2,610.		
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	280,908.	212,341.	53,094.	15,473
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,289,467.	2,489,317.	621,883.	178,267
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	51,739.	37,604.	9,700.	4,435 22,423 27,223
Э	Other employee benefits	51,739. 261,558.	190,099.	49,036.	22,423
C	Payroll taxes	317,533.	230,781.	59,529.	27,223
1	Fees for services (nonemployees):				
а	Management				
b	Legal	83,000.		83,000.	
с	Accounting	23,150.		23,150.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	231,528.	156,312.	58,290.	16,926
2	Advertising and promotion				
3	Office expenses	107,379.	28,827.	61,947.	16,605
4	Information technology				
5	Royalties				
3	Occupancy	167,511.	113,508.	44,117.	9,886
7	Travel	119,569.	106,157.	11,360.	9,886
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	11,550.	7,913.	2,808.	829
3	Insurance	22,765.	15,596.	5,535.	1,634
ł	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 0.)				
а	PROGRAM SUPPLIES AND TR	544,062.	544,062.		
b	MISCELLANEOUS	32,249.	9,190.	19,147.	3,912
с	MEMBERSHIP DUES	15,544.	9,150.	5,739.	655
d	POSTAGE AND PRINTING	8,144.	6,032.	1,630.	482
е	All other expenses	5,784.	4,439.	1,345.	
5	Total functional expenses. Add lines 1 through 24e	5,576,050.	4,163,938.	1,111,310.	300,802
6	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 232010 12-13-22

Form 990 (2022)

INC.

202205070 GREEN CLITY FORCE, 09200319 795584 46104.00 iC

if following SOP 98-2 (ASC 958-720)

Net

32

33

32

33

4,914,764.

5,017,743.

80-0428040	Page 11
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Pa	rt X	X Balance Sheet							
		Check if Schedule O contains a response or note	e to an	y line in this Part X					
					(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			1,017,246.	1	422,722.		
	2	Savings and temporary cash investments			1,170,019.	2	550,070.		
	3	Pledges and grants receivable, net			1,463,258.	3	1,605,895.		
	4	Accounts receivable, net			1,246,096.	4	739,641.		
	5	Loans and other receivables from any current or		I					
		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%					
		controlled entity or family member of any of thes	e pers	ons		5			
	6	Loans and other receivables from other disqualif		l l					
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6			
Ś	7	Notes and loans receivable, net		[7			
Assets	8	Inventories for sale or use				8			
As	9				51,894.	9	123,739.		
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a	127,543.					
	b	Less: accumulated depreciation		106,368.	32,725.	10c	21,175.		
	11	Investments - publicly traded securities				11			
	12	Investments - other securities. See Part IV, line 1	1			12			
	13	Investments - program-related. See Part IV, line 1	1			13			
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11			36,505.	15	295,490.		
	16	Total assets. Add lines 1 through 15 (must equa			5,017,743.	16	3,758,732.		
	17	Accounts payable and accrued expenses			102,979.	17	142,625.		
	18	Grants payable				18			
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities				20			
	21	Escrow or custodial account liability. Complete F				21			
es	22	Loans and other payables to any current or form							
Liabilities		trustee, key employee, creator or founder, subst							
-iat		controlled entity or family member of any of thes	-			22			
-	23	Secured mortgages and notes payable to unrela		ſ		23			
	24	Unsecured notes and loans payable to unrelated		ſ		24			
	25	Other liabilities (including federal income tax, pay							
		parties, and other liabilities not included on lines			0.	05	221,005.		
	26	of Schedule D Total liabilities. Add lines 17 through 25			102,979.	25 26	363,630.		
	20	Organizations that follow FASB ASC 958, che		e X	102,575.	20	505,050		
es		and complete lines 27, 28, 32, and 33.							
uc u	27				3,172,374.	27	2,163,291.		
Assets or Fund Balances	28	Net assets with donor restrictions		ſ	1,742,390.	28	1,231,811.		
1 pr		Organizations that do not follow FASB ASC 9					, , ,		
Ъu		and complete lines 29 through 33.	,						
č	29	Capital stock or trust principal, or current funds				29			
sets	30	Paid-in or capital surplus, or land, building, or eq				30			
As	31	Retained earnings, endowment, accumulated inc			31				

3,758,732. Form **990** (2022)

3,395,102.

GREEN CITY FORCE, INC.

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form 990 (2022)

Form	GREEN CITY FORCE, INC.	80	-0428040	Pag	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,056		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,576		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,519		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,914	.,76	54.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,395	5,10)2.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,			
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule ().		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		000 (

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

1

Name of the organization

Name of t	the organization						Employer	identification number
	GREE	N CITY FOR	CE, INC.				8	0-0428040
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.	
The organ	ization is not a private found	ation because it is: (For lines 1 through 12, cl	heck only	one box.)			
1	A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Form	n 990).)				
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6	A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	-					ne general p	oublic described in
	section 170(b)(1)(A)(vi). (C	-		•			.	
8	A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org				ed in conju	nction with a	land-grant	college
	or university or a non-land-g	-			-		-	-
	university:		. , ,					
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities related to its exen							
	income and unrelated busir							
	See section 509(a)(2). (Co							
11	An organization organized a		velv to test for public sat	etv. See	section 50)9(a)(4).		
12	An organization organized a			•			rrv out the	purposes of one or
	more publicly supported or	-	-				•	
	lines 12a through 12d that	-						
a	Type I. A supporting orga				-		-	aivina
	the supported organization	-	-	• • • •	-			
	organization. You must o							1-1-2-20
b	Type II. A supporting org	-		ion with it	s supporte	ed organizatio	n(s), by hay	vina
	control or management o	-				-		•
	organization(s). You mus			and perce			90o oo.pr	
c	Type III functionally inte	-		in connect	tion with	and functional	llv integrate	ed with
	its supported organization						.,	
d	Type III non-functionally		-				ted organiz	zation(s)
u	that is not functionally int						-	
	requirement (see instruct	•	e ,			•	i un uttoriti	
e	Check this box if the orga		•				II Type III	
U	functionally integrated, or					турст, турс	n, rype m	
f Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0				
	vide the following information	•	nd organization(s)					
	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of	f monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
			above (see instructions))					
Total								
	Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 or	990-EZ.	232021 12-	09-22	Sche	dule A (Form 990) 2022

Public Disclosure Copy

GREEN CITY FORCE, INC.

80-0428040 Page 2

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2477607.	3907628.	3080368.	4785790.	3270834.	17522227.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2477607.	3907628.	3080368.	4785790.	3270834.	17522227.
	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)						1780731.
6	Public support. Subtract line 5 from line 4.						15741496.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	2477607.	3907628.	3080368.	4785790.	3270834.	17522227.
	Gross income from interest,	21//00/0	55676261	3000300.	1,00,000	52700510	
0	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	0.05	252	1 106	10 564	222	10 161
	assets (Explain in Part VI.)	925.	253.	4,196.	12,564.	223.	<u>18,161.</u> 17540388.
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,		,				<u>,379,295.</u>
13	First 5 years. If the Form 990 is for th						
<u></u>	organization, check this box and stor						
	ction C. Computation of Publi		-				00 74
	Public support percentage for 2022 (I					14	89.74 %
	Public support percentage from 2021					15	88.29 %
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	istances test, cheo	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s
						Cabadula A	(Earm 000) 2022

Schedule A (Form 990) 2022

Schedule A	(Form	990	202

GREEN CITY FORCE, INC.

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

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

Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
4	iness under section 513 Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
	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						
b	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6			(-/	(-)	(-,	(1)
b	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						
11	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						
	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 for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3) organiz	ation,
	tion C. Computation of Publi					<u>г г</u>	
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021					16	%
	tion D. Computation of Inves						
17	Investment income percentage for 20	022 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%	6, and
	line 18 is not more than 33 1/3%, che	ck this box and s t	t op here. The orga	nization qualifies a	as a publicly suppo	rted organizatio	on
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	
23202	3 12-09-22					Schedul	e A (Form 990) 2022
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GREEN CITY FORCE, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22 Schedule A 09200319 795584 4610 OCDIS 202 05070 GREEN CITY FORCE, INC.

	nedule A (Form 990)) 2022	GREEN	CITY	FORCE,
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Part IV Supporting Organizations (continued)

No

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

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

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

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

Section D	. All Type III	Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions)	١.
		1000 1100 000000	/-

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

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>	
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2 Activities Test. Answer lines 2a and 2b below.

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- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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3b | | Schedule A (Form 990) 2022

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2a

2b

3a

Yes No

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Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ted Type III supporting orga	anization (see

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

instructions).

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

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GREEN CITY FORCE, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

20

organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2022 Distributable amount for 2022 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **1** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported

Schedule A (Form 990) 2022

g Applied to underdistributions of prior years h Applied to 2022 distributable amount

a Applied to underdistributions of prior years b Applied to 2022 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

4 Distributions for 2022 from Section D,

Part VI. See instructions.

line 7:

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

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GREEN	CITY	FORCE,	INC.

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Current Year

(iii)

Distributable

Amount for 2022

Schedule A (Form 990) 2022

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		DEFIN	CTERN	E C
	2.000	GREEN	CLII	_ _ _ _

 !	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	, 2, 3b, 3c, 4b, 4c, 5 lines 2 and 3; Part I	a, 6, 9a, 9b, 9c, 1 V, Section E, line	11a, 11b, and 11c;	Part IV, Section B, lines id 3b; Part V, line 1; Par	s 1 and 2; Part IV, Sectio	n C,
 !	Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 8	, 2, 3b, 3c, 4b, 4c, 5 lines 2 and 3; Part I	a, 6, 9a, 9b, 9c, 1 V, Section E, line	11a, 11b, and 11c;	Part IV, Section B, lines id 3b; Part V, line 1; Par	s 1 and 2; Part IV, Sectio	n C,
5	Section D, lines 5, 6, and	lines 2 and 3; Part I 8; and Part V, Section	V, Section E, line	s 1 c 2 a 2 b 3 a ar	id 3b; Part V, line 1; Par	t V. Section R. line 1e [.] P	
		o, and Part V, Section	on Ellinoo O. E. a		a this part for any addit	ional information	art V,
			on E, lines 2, 5, a	ina 6. Also comple	te this part for any addit	ional information.	
						Sobodulo A /Com	000\ 000
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Form 990)	Troopers	Complete if the orga Part IV, line 6, 7, 8, 9, 10 ۵			2b.	2022 Open to Public
Department of the nternal Revenue		Go to www.irs.gov/Form99		d the latest informa	ation.	Inspection
Name of the	organization		ING		Em	ployer identification number
Part I	Organizatio	GREEN CITY FORCE,		r Similar Funds		80-0428040
	-	swered "Yes" on Form 990, Part IV, lin			or Account	
			(a) Donor ad	/ised funds	(b) Fun	nds and other accounts
1 Total n	umber at end of	year				
		tributions to (during year)				
		nts from (during year)				
		of year orm all donors and donor advisors in v			ad funda	
	-	orm all donors and donor advisors in v property, subject to the organization's	-			Yes N
		form all grantees, donors, and donor a				
	•	and not for the benefit of the donor o	•	•	2	
	nissible private b					
		n Easements. Complete if the org			Part IV, line 7.	
	. ,	tion easements held by the organization	· · ·			
	Preservation of la Protection of nati	and for public use (for example, recrea	tion or education)			important land area storic structure
	Preservation of o			Preservation of	r a certined his	stone structure
		ugh 2d if the organization held a qualif	ied conservation con	tribution in the form	of a conserva	tion easement on the last
	the tax year.					Held at the End of the Tax Yea
a Total n	umber of conser	vation easements			2a	
	-					
		n easements on a certified historic stru			<u>2c</u>	
		n easements included in (c) acquired a	• • •			
		in the National Register				during the tax
year			cacca, crangalenca,		organization.	
	er of states where	— e property subject to conservation eas	sement is located			
5 Does t	ne organization h	nave a written policy regarding the per	iodic monitoring, insp	ection, handling of		
	,	ment of the conservation easements it				
6 Staff a	nd volunteer hou	irs devoted to monitoring, inspecting,	handling of violations	, and enforcing cons	servation ease	ments during the year
7 Amour	t of expenses in	curred in monitoring, inspecting, hanc	lling of violations, and	enforcing conserva	tion easemen	ts during the year
	it of expenses in	curred in morntoning, inspecting, nanc	ining of violations, and	enforcing conserva	alon easement	ts during the year
8 Does e	ach conservatio	n easement reported on line 2(d) abov	e satisfy the requirem	ents of section 170((h)(4)(B)(i)	
and se	ction 170(h)(4)(B)(ii)?				Yes No
9 In Part	XIII, describe ho	w the organization reports conservation	on easements in its re	venue and expense	statement an	d
		ude, if applicable, the text of the footr	note to the organization	n's financial statem	ents that desc	ribes the
organiz	organization	ng for conservation easements. Is Maintaining Collections of	Art. Historical 1	reasures, or Ot	her Simila	r Assets
		organization answered "Yes" on Form				1 /100010.
		ed, as permitted under FASB ASC 95		revenue statement a	and balance sh	heet works
	8	es, or other similar assets held for put	, ,			
service	, provide in Part	XIII the text of the footnote to its finar	ncial statements that	describes these item	IS.	
b If the o	rganization elect	ed, as permitted under FASB ASC 95	8, to report in its reve	nue statement and I	balance sheet	works of
		, or other similar assets held for public	exhibition, education	, or research in furth	nerance of pul	olic service,
	•	mounts relating to these items:				¢
		on Form 990, Part VIII, line 1 Form 990, Part X				φ \$
. ,		ived or held works of art, historical tre	asures, or other simil			* e
	•	required to be reported under FASB A			J, p. 01/de	
	-	orm 990, Part VIII, line 1	-			\$
		n 990, Part X				\$
HA For Pa	perwork Reduc	tion Act Notice, see the Instructions	s for Form 990.			Schedule D (Form 990) 202
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Par	t III Organizations Maintaining C	ollections of Art	t, Historical	Treasures, or	r Other S	imilar Asse	ts _{(continu}	ied)
3	Using the organization's acquisition, accession	on, and other records	s, check any of	the following that	make signi	ificant use of it	S	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or	exchange progra	ım			
b	Scholarly research	е	Other_					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they furth	er the organizatio	n's exempt	purpose in Pa	rt XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical	treasures, or othe	er similar as	sets _		
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the organiz	zation answered "	Yes" on Fo	rm 990, Part IV	/, line 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermedi	iary for contribu	tions or other ass	ets not incl	uded		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII							
		·	C C				Amount	
с	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fe					?[Yes	No
b	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" o					
		(a) Current year	(b) Prior yea	r (c) Two year	rs back (d)	Three years bac	k (e) Four y	/ears back
1a	Beginning of year balance							
b	Contributions							
с	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, colum	n (a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
с	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are he	ld and administer	ed for the		_	
	organization by:							res No
	(i) Unrelated organizations							
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule	R?			3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answered							
	Description of property	(a) Cost or of basis (investm	• • •	Cost or other asis (other)		umulated ciation	(d) Book	value
1a	Land							
	Buildings							
	Leasehold improvements			71,206.	7	1,206.		0.
	Equipment			56,337.		5,162.	21	,175.
	Other							
	. Add lines 1a through 1e. (Column (d) must e		X. column (B) lii	ne 10c.)			21	,175.
							le D (Form	990) 2022

232052 09-01-22

Schedule D (Form 990) 2022	GREEN	CITI	FORCE,	TNC
	$CD \overline{U} \overline{U} \overline{M}$	CT TT TT		TMC

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	65,900.
(2) OPERATING LEASE RIGHT-OF-USE ASSET	229,590.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	295,490.
Part X Other Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITY	221,005.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	221,005.
	ability for uncortain tay positions. In Part XIII, provide the text of the featnets to the organization's financial statements the	at reports the

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2022

Sche	edule D (Form 990) 2022 GREEN CITY FORCE, INC.		80-0	0428040 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With Reven		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	4,056,388.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			4,056,388.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		4,056,388.	
Pa	rt XII Reconciliation of Expenses per Audited Financial State		nses per Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	5,576,050.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			5,576,050.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5,576,050.
Pa	rt XIII Supplemental Information.			

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

PART X, LINE 2:

GCF DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY MATERIAL,

UNCERTAIN TAX POSITIONS. TAX FILINGS FOR PERIODS ENDING JUNE 30, 2020 AND

LATER ARE SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

232054 09-01-22 09200319 795584 4610 0000 Dis202005870 GREEN CITY FORCE,

Schedule D (Form 990) 2022

INC.

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organization	d Individua	ls in the Ŭni	ted States		омв 2	No. 1545-0047
Department of the Treasury		Compi		Attach to Forn				Ope	n to Public
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest information	ation.		In	spection
Name of the organization								Employer identific	
	GREEN CIT		INC.					80-0	0428040
	mation on Grants a								
6			amount of the grants	,	o o ,	8	,		s 🗌 No
criteria used to awar 2 Describe in Part IV th	e e		oring the use of grant						
Part II Grants and O	ther Assistance to I	Domestic Organiz	ations and Domestic be duplicated if addition	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	t IV, line 21, for any	
1 (a) Name and addre or govern	U U	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose or assist	

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

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

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIP (LAWRENCE SCHOLARSHIP)	1	1,000.	0.		
CHOLARSHIP (LAWRENCE SCHOLARSHIP)	1	1,000.	0.		
MERGENCY FUNDS FOR PROGRAM ALUMNI	4	610.	٥.		

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

PART I, LINE 2:

THE ORGANIZATION RECEIVED A GRANT TO PROVIDE CASH ASSISTANCE TO ALUMNI

CORPS MEMBERS

IN NEED OF FINANCIAL AID OR SCHOLARSHIP.

SCHEDULE J	Compensation Information	1	OMB No. 1	545-004	17
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)
	Compensated Employees		20	22	
Department of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		ic
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Name of the organization			dentificatio		nber
	GREEN CITY FORCE, INC.	80-0	428040)	
Part I Question	ns Regarding Compensation				
				Yes	No
	riate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,			
	, line 1a. Complete Part III to provide any relevant information regarding these items.				
	charter travel Housing allowance or residence for perso				
Travel for co					
	ication and gross-up payments Health or social club dues or initiation fee				
Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)			
h Kana Alla I					
•	s on line 1a are checked, did the organization follow a written policy regarding payment or				
	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
	on require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
trustees, and offic	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
0 lastinata which if		-			
	any, of the following the organization used to establish the compensation of the organization'				
	rector. Check all that apply. Do not check any boxes for methods used by a related organizat				
· · ·	sation of the CEO/Executive Director, but explain in Part III.				
		aammittaa			
	other organizations X Approval by the board or compensation	committee			
4 During the year, d	id any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	elated organization:				
•	ce payment or change-of-control payment?		4a		Х
b Participate in or re	ceive payment from a supplemental nonqualified retirement plan?				Х
c Participate in or re	ceive payment from an equity-based compensation arrangement?				Х
	ines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
Only section 501	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5 For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
contingent on the	revenues of:				
a The organization?			5a		X
	zation?				X
If "Yes" on line 5a	or 5b, describe in Part III.				
6 For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
contingent on the	net earnings of:				
a The organization?			6a		_X_
	zation?				X
	or 6b, describe in Part III.				
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
	ines 5 and 6? If "Yes," describe in Part III		7		X
	s reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t	he			
			8		X
	did the organization also follow the rebuttable presumption procedure described in				
	n 53.4958-6(c)?				L
LHA For Paperwork I	Reduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Form	1 990)	2022

232111 10-18-22

09200319 795584 4610 Poublic Diserer City Force, INC. 46104.01

80-0428040

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TONYA GAYLE	(i)	153,000.	0.	0.	2,000.	1,954.	156,954.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

(1 0111 000)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.



80-0428040

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

MODEL CITY-WIDE SERVICE AND TRAINING CORPS IN NYC THAT IMPROVES

SUSTAINABILITY, WHILE CREATING LADDERS TO CAREERS IN THE GREEN ECONOMY

FOR UNEMPLOYED AND UNDEREMPLOYED YOUNG PEOPLE.

GREEN CITY FORCE,

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

LINE 11B EXPLANATION - MANAGEMENT REVIEWED A DRAFT OF THE FORM 990 WITH THE AUDIT/FINANCE COMMITTEE AND PROVIDED EDITS TO THE TAX PREPARER. AFTER THIS PROCESS WAS PERFORMED, THE FORM 990 WAS SENT TO THE FULL BOARD OF DIRECTORS PRIOR TO BEING FILED WITH THE IRS.

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

THE ORGANIZATION HAS A BOARD APPROVED CONFLICTS OF INTEREST POLICY. EACH

BOARD MEMBER MUST FILL OUT AN ANNUAL DECLARATION STATING THEY HAD NO

CONFLICTS OR IDENTIFYING THE NATURE OF THEIR INTERESTED PARTY TRANSACTIONS.

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

THE AUDIT COMMITTEE AND THE CO-CHAIRS OF THE BOARD CONSIDER THE PERFORMANCE

OF THE OTHER OFFICERS AND COMPARABLE SALARY RANGES, AS WELL AS THE

ORGANIZATIONAL BUDGET TO DETERMINE THE OTHER OFFICER'S COMPENSATION.

THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETEREMIND BY BOARD REVIEW OF

COMPARABLE MARKET SALARY RANGERS, AND THE REST OF THE SALARIES ARE APPROVED

AS PART OF GCF'S ORGANIZATIONAL BUDGET.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

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Schedule O (Form 990) 2022

INC.

CITY

FORCE,

Schedule O	(Form 990) 2022
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Name of the organization

GREEN CITY FORCE, INC.

Page 2 Employer identification number 80-0428040

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

232212 10-28-22

Schedule O (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2022

Employer identification number

0 - 0428040	
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8

Organization type (chee	ck one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

GREEN CITY FORCE, INC.

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

Public Disclosure Copy

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

GREEN CITY FORCE, INC.

80 - 0428040

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
		\$605,060.	Person X Payroll Noncash (Complete Part II fo noncash contributi
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
		\$247,500.	Person X Payroll Noncash (Complete Part II fo noncash contributi
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
3		\$\$\$	Person X Payroll Noncash (Complete Part II fo noncash contributi
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
4		\$ <u>275,000.</u>	Person X Payroll Noncash (Complete Part II fo noncash contributi
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
5		\$150,000.	Person X Payroll Noncash (Complete Part II fo noncash contributi
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
6 		\$125,000.	Person X Payroll Noncash (Complete Part II fo noncash contributi
3452 11-15-22			Schedule B (Form 99

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

GREEN CITY FORCE, INC.

80-0428040

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
7		\$125,000.	Person 2 Payroll 1 Noncash 1 (Complete Part II fo noncash contribut
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
<u> 8 </u>		\$75,000.	Person 2 Payroll 1 Noncash 1 (Complete Part II fo noncash contribut
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
9		\$75,000.	Person 2 Payroll 0 Noncash 0 (Complete Part II for noncash contribut
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
<u>10</u>		\$100,000.	Person 2 Payroll 0 Noncash 0 (Complete Part II fo noncash contribut
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
		\$565,103.	Person 2 Payroll Noncash (Complete Part II fo noncash contribut
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
		\$	Person Payroll Noncash (Complete Part II front for noncash contribut)
3452 11-15-22	4 4610 Poublic Dis202		Schedule B (Form 99

Schedule	В	(Form	990)	(202	22
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Name of organization

Page 3

GREEN CITY FORCE, INC.

Employer identification number

80-0428040

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

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fi c	rom any one contributor. Complete columns (a)	through (e) and the following line entri- haritable, etc., contributions of \$1,000 or le	xtion 501(c)(7), (8), or (10) that total more than \$1,000 for the yea y. For organizations ass for the year. (Enter this info. once.) \$		
a) No. from Part I –	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, al	(e) Transfer of gift	Relationship of transferor to transferee		
-					
a) No. from Part I 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gift	er of gift		
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
a) No. from Part I 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
3454 11-15-22	95584 4610 Public		Schedule B (Form 990) (20		

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions. Ta GREEN CITY FORCE, INC. Ta			Taxpaye	Taxpayer identification number (TIN) $80 - 0428040$		
print							
File by the due date for filing your	630 FLUSHING AVENUE, 8TH FLOOR						
return. See instructions							
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			01	
Application		Return	Application			Return	
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ		01	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
Form 99	D-T (corporation) JOSEPH RICCARDE	07					
 If the If this box > 1 I re the 2 If t 	hone No. ► (646) 681-4704 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box ► (equest an automatic 6-month extension of time until e organization named above. The extension is for the organization have a solution of the organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization calendar year or X tax year beginning JUL_1, 2022 he tax year entered in line 1 is for less than 12 months, claip calendar is a counting period	Group Exe and atta MAX anization's , an heck reaso	mption Number (GEN) I .ch a list with the names and TINs of X 15, 2024, to file return for: d ending	f this is fo all memb	r the whole <u>c</u> ers the exter npt organizat 	group, check this	
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.			3a	\$	0.	
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			0	¢	0.	
 estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 				<u>3b</u>	\$	0.	
				0.	¢	0.	
	ing EFTPS (Electronic Federal Tax Payment System). See				\$		
instruction	If you are going to make an electronic funds withdrawal ons.	(direct det	Dit) with this form 8868, see form 84	153-1 E an	u Form 8879	- i ⊨ tor payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	8868 (Rev. 1-2022)	

09200319 795584 4610 Poublic Disco 0500 GREEN CITY FORCE, INC.