See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2010 calendar year, or tax year beginning , 2010, and ending

C Name of organization

Green Decade/Newton, Inc

Number and street (or P O box, if mail is not delivered to street address)

P. O. Box 590242 City or town, state or country, and ZIP + 4

Room/suite

Newton Centre MA 02459-0003

D Employer identification number

04-3075981

E Telephone number

(617) 964-4437

F Group Exemption Number


G Accounting Method:  X Cash  Accrual  Other (specify) →

H Check  X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one)  X 501(c)(3)  501(c)  ( )  (insert no)  4947(a)(1) or 527

K Check  X if the organization is not a section 501(c)(3) supporting organization and its gross receipts are normally not more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ

$ 45,423.

Part I  Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6,152.</td>
</tr>
<tr>
<td>2</td>
<td>2,078.</td>
</tr>
<tr>
<td>3</td>
<td>18,333.</td>
</tr>
<tr>
<td>4</td>
<td>94.</td>
</tr>
<tr>
<td>5a</td>
<td>17,766.</td>
</tr>
<tr>
<td>5b</td>
<td>2,163.</td>
</tr>
<tr>
<td>6a</td>
<td>527</td>
</tr>
<tr>
<td>6b</td>
<td>17,766.</td>
</tr>
<tr>
<td>6c</td>
<td>2,163.</td>
</tr>
<tr>
<td>6d</td>
<td>15,603.</td>
</tr>
<tr>
<td>7a</td>
<td>985.</td>
</tr>
<tr>
<td>7b</td>
<td>439.</td>
</tr>
<tr>
<td>7c</td>
<td>546.</td>
</tr>
<tr>
<td>8</td>
<td>15.</td>
</tr>
<tr>
<td>9</td>
<td>42,821.</td>
</tr>
<tr>
<td>10</td>
<td>4,122.</td>
</tr>
<tr>
<td>11</td>
<td>2,212.</td>
</tr>
<tr>
<td>12</td>
<td>0.</td>
</tr>
<tr>
<td>13</td>
<td>18,862.</td>
</tr>
<tr>
<td>14</td>
<td>2,758.</td>
</tr>
<tr>
<td>15</td>
<td>1,172.</td>
</tr>
<tr>
<td>16</td>
<td>3,231.</td>
</tr>
<tr>
<td>17</td>
<td>32,357.</td>
</tr>
<tr>
<td>18</td>
<td>10,464.</td>
</tr>
<tr>
<td>19</td>
<td>36,031.</td>
</tr>
<tr>
<td>20</td>
<td>2.</td>
</tr>
<tr>
<td>21</td>
<td>46,497.</td>
</tr>
</tbody>
</table>

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)
**Part II** Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>36,228.22</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>0.23</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>See L-24 Stmt</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>294.24</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>See L-26 Stmt</td>
</tr>
<tr>
<td>27</td>
<td>Total liabilities</td>
<td>35,522.25</td>
</tr>
<tr>
<td>28</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>491.26</td>
</tr>
<tr>
<td>29</td>
<td>Net assets or fund balances</td>
<td>36,031.27</td>
</tr>
</tbody>
</table>

**Part III** Statement of Program Service Accomplishments (see the instrs for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations)

- 4947(a)(1) trusts; optional for others

What is the organization's primary exempt purpose? See Note attachment.

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

- **28 Arts & Essay Contest:** Educates, promotes energy efficiency among students, parents, city. Students and schools entered the art was viewed by 3000+ people at city hall, on GAdweb site, essays pubshd in local paper.
  - Grants $807.00
  - If this amount includes foreign grants, check here □
  - 28a 807.00

- **29 Kyot Project & Energy Projects:** Programs to promote energy efficiency for homeowners and businesses.
  - Grants $1,720.00
  - If this amount includes foreign grants, check here □
  - 29a 1,720.00

- **30 Urban Ark:** We conduct workshops & tours on innovative design to maximize energy use in urban homes.
  - Grants $440.00
  - If this amount includes foreign grants, check here □
  - 30a 440.00

- **31 Other program services (describe in Schedule O)**
  - See Note
  - Grants $1,155.00
  - If this amount includes foreign grants, check here □
  - 31a 1,155.00

- **32 Total program service expenses (add lines 28a through 31a)**
  - □
  - 32 4,122.00

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

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation (if not paid, enter -0-)</th>
<th>(d) Contributions to employee benefit plans and deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marcia Cooper</td>
<td>President</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>170 Evelyn Road</td>
<td>President</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Newton</td>
<td>President</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Brooke Lipsitt</td>
<td>Clerk</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>54 Kirkstall Road</td>
<td>Clerk</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Newtonville</td>
<td>Clerk</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Jean MacRae</td>
<td>Treasurer</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>107 Day St.</td>
<td>Treasurer</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Auburndale</td>
<td>Treasurer</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Burt Schein</td>
<td>Treasurer</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>82 Garland Rd</td>
<td>Treasurer</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Newton Centre</td>
<td>Treasurer</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Ed Cunningham</td>
<td>Vice President</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>69 Pontiac Road</td>
<td>Vice President</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Waban</td>
<td>Vice President</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Dan Ruben</td>
<td>Director</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>175 Auburn St.</td>
<td>Director</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Auburndale</td>
<td>Director</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Sharon Cushing</td>
<td>Director</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>97 Waban Hill Rd North</td>
<td>Director</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Chestnut Hill</td>
<td>Director</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Ann Berwick</td>
<td>Director</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>131 Lake Ave</td>
<td>Director</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Newton</td>
<td>Director</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Madeline Amorosi</td>
<td>Director</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>52 William St.</td>
<td>Director</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Newton</td>
<td>Director</td>
<td>12.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

See list of officers, directors, trustees, & key employees.
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.

34 Were any significant changes made to the governing documents? If 'Yes,' attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the changes on Schedule O (see instructions).

35 If the organization had income or business activities, such as those reported on line 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

37b Did the organization file Form 1120-POL for this year?

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

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

a Initiation fees and capital contributions included on line 9

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

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955, section 4995, section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.

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

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

d All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.

41 List the states with which a copy of this return is filed: Massachusetts

42a The organization's books are in care of Burt Schein, located at 82 Garland Road, Newton Centre, MA 02459.

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If 'Yes,' enter the name of the foreign country:

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

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

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

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

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.
Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

**45** Yes No

<table>
<thead>
<tr>
<th>a</th>
<th>Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>45a</strong></td>
<td>X</td>
</tr>
</tbody>
</table>

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

**46** Yes No

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

**47** Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

**48** Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization?

**49a** Yes No

b If 'Yes,' was the related organization a section 527 organization?

**49b** Yes No

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation</th>
<th>(d) Contributions to employee benefit plans and deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Total number of other employees paid over $100,000

**50**

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

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
<td>0</td>
</tr>
</tbody>
</table>

Total number of other independent contractors each receiving over $100,000

**52**

Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

**52** Yes No

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

**Sign Here**

Marcia Cooper, President

[Signature]

Type or print name and title

**Paid Preparer Use Only**

Priscilla M. Leith

Preparer's signature

Print/Type preparer's name

Preparer's EIN

Firm's name

PRISCILLA LEITH, MBA

Date

04/30/11

Check [x] if self-employed

Firm's address

162 ISLLINGTON RD

Newton, MA 02466

Phone no

Form 990-EZ (2010)

May the IRS discuss this return with the preparer shown above? See instructions

**[x]** Yes **[ ]** No

BAA
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. > See separate instructions.

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1. A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state: ____________________________ (Complete Part II.)
5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
9. An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10. An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11. An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11f:
   a. Type I    b. Type II    c. Type III — Functionally integrated    d. Type III — Other
   e. By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons, other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
   f. If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box:
   g. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
      (i) A person who directly or indirectly controls, either alone or together with persons described in (i) and (iii) below, the governing body of the supported organization?
      (ii) A family member of a person described in (i) above?
      (iii) A 35% controlled entity of a person described in (i) or (ii) above?

h. Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization in column (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in column (i) of your support?</th>
<th>(vi) Is the organization in column (i) organized in the U.S.?</th>
<th>(vii) Amount of support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010
## Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Gross receipts from related activities, etc (see instructions)</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| 14. Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15. Public support percentage from 2009 Schedule A, Part II, line 14 | 15 | % |

**16a 33-1/3% support test — 2010.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

**16b 33-1/3% support test — 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test — 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

**17b 10%-facts-and-circumstances test — 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

18. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

BAA
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal yr beginning in)*</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions and membership fees received. (Do not include any &quot;unusual grants&quot;)</td>
<td>26,488.</td>
<td>31,783.</td>
<td>23,902.</td>
<td>30,640.</td>
<td>24,485.</td>
<td>137,298.</td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td>2,626.</td>
<td>3,265.</td>
<td>3,188.</td>
<td>4,562.</td>
<td>2,078.</td>
<td>15,719.</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td>29,114.</td>
<td>35,048.</td>
<td>27,090.</td>
<td>35,202.</td>
<td>26,563.</td>
<td>153,017.</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>4,657.</td>
<td>2,092.</td>
<td>1,326.</td>
<td>2,525.</td>
<td>4,230.</td>
<td>14,830.</td>
</tr>
<tr>
<td>7b Amounts included on lines 1 and 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</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td>4,657.</td>
<td>2,092.</td>
<td>1,326.</td>
<td>2,525.</td>
<td>4,230.</td>
<td>14,830.</td>
</tr>
<tr>
<td>8 Public support (Subtract line 7c from line 6.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>138,187.</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal yr beginning in)*</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>29,114.</td>
<td>35,048.</td>
<td>27,090.</td>
<td>35,202.</td>
<td>26,563.</td>
<td>153,017.</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>1,118.</td>
<td>1,576.</td>
<td>1,251.</td>
<td>572.</td>
<td>94.</td>
<td>4,611.</td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>1,118.</td>
<td>1,576.</td>
<td>1,251.</td>
<td>572.</td>
<td>94.</td>
<td>4,611.</td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>13 Total support. (Add line 9, line 10a, line 10b, line 11, and line 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>157,628.</td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))</td>
<td>15</td>
<td>87.67 %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Public support percentage from 2009 Schedule A, Part III, line 15</td>
<td>16</td>
<td>89.68 %</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

| Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | 17 | 2.93 %  |
| Investment income percentage from 2009 Schedule A, Part III, line 17 | 18 | 2.96 %  |

19a 33-1/3% support tests – 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b 33-1/3% support tests – 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions
Part IV: Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

**2010**

**Part I** Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - [ ] Mail solicitations
   - [ ] Internet and email solicitations
   - [ ] Phone solicitations
   - [ ] In-person solicitations
   - [ ] Solicitation of non-government grants
   - [ ] Solicitation of government grants
   - [ ] Special fundraising events

2a. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
   - [ ] Yes
   - [ ] No

   If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in column (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing:

   - [ ]
   - [ ]
   - [ ]
   - [ ]
   - [ ]
   - [ ]
   - [ ]
   - [ ]
   - [ ]
   - [ ]

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

Schedule G (Form 990 or 990-EZ) 2010

TEE03701 01/13/10
### Part II | Fundraising Events

Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Event #1 (20th Anniversary)</th>
<th>Event #2</th>
<th>Other Events</th>
<th>Total Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross receipts</td>
<td>17,766.</td>
<td></td>
<td></td>
<td>17,766.</td>
</tr>
<tr>
<td>Less. Charitable contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross income (line 1 minus line 2)</td>
<td>17,766.</td>
<td></td>
<td></td>
<td>17,766.</td>
</tr>
<tr>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food and beverages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entertainment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other direct expenses</td>
<td>2,163.</td>
<td></td>
<td></td>
<td>2,163.</td>
</tr>
</tbody>
</table>

**Direct expense summary. Add lines 4- through 9 in column (d)**

**Net income summary. Combine line 3, column (d), and line 10**

### Part III | Gaming

Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Bingo</th>
<th>Pull tabs/Instant Bingo/progressive bingo</th>
<th>Other gaming</th>
<th>Total Gaming</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer labor</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>%</td>
</tr>
<tr>
<td>Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Net gaming income summary. Combine lines 1, column (d) and line 7**

---

**9 Enter the state(s) in which the organization operates gaming activities.**

- **a** Is the organization licensed to operate gaming activities in each of these states? [ ] Yes [ ] No
  
  If 'No,' explain:  

  [ ] Yes [ ] No

  [ ] Yes [ ] No

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

- **b** If 'Yes,' explain.
Schedule G (Form 990 or 990-EZ) 2010  Green Decade/Newton, Inc

11 Does the organization operate gaming activities with nonmembers?
   □ Yes  □ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?
   □ Yes  □ No

13 Indicate the percentage of gaming activity operated in.
   a. The organization's facility
   b. An outside facility
   □ 13a %
   □ 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
   Name
   Address

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?
   □ Yes  □ No

   b. If 'Yes,' enter the amount of gaming revenue received by the organization □ $__________ and the amount of gaming revenue retained by the third party □ $__________.

   c. If 'Yes,' enter name and address of the third party:
   Name
   Address

16 Gaming manager information:
   Name
   Gaming manager compensation □ $__________
   Description of services provided
   □ Director/officer  □ Employee  □ Independent contractor

17 Mandatory distributions
   a. Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
   □ Yes  □ No

   b. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year □ $__________

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

BAA  TEEA3703  01/13/11  Schedule G (Form 990 or 990-EZ) 2010
Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Void uncleared check</td>
<td>15.</td>
</tr>
<tr>
<td>Total</td>
<td>15.</td>
</tr>
</tbody>
</table>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comm of MA: Form PC filing fee, Annual Rpt fee</td>
<td>54.</td>
</tr>
<tr>
<td>Dues/fees/conferences</td>
<td>1,360.</td>
</tr>
<tr>
<td>Auto mileage reimbursement</td>
<td>240.</td>
</tr>
<tr>
<td>Bank &amp; credit card fees</td>
<td>670.</td>
</tr>
<tr>
<td>Misc expenses</td>
<td>111.</td>
</tr>
<tr>
<td>Fundraising expenses</td>
<td>558.</td>
</tr>
<tr>
<td>Jackson Homestead</td>
<td>238.</td>
</tr>
<tr>
<td>Total</td>
<td>3,231.</td>
</tr>
</tbody>
</table>

Form 990-EZ, Page 2, Part IV
List of Officers, Directors, Trustees, & Key Employees Stmt

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Title and average hours per week devoted to position</th>
<th>Compensation (if not paid, enter -0-)</th>
<th>Contributions to employee benefit plans and deferred compensation</th>
<th>Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunwoo Kang, 60 Garland Rd, Newton Centre, MA 02459</td>
<td>Director</td>
<td>Hours/Week 2.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Eric Olson, 858 Watertown St, West Newton, MA 02465</td>
<td>Director</td>
<td>Hours/Week 2.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Ira Krepchin, 63 Craftland Rd, Chestnut Hill, MA 02467</td>
<td>Director</td>
<td>Hours/Week 2.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Kevin Dutt, 34 Tyler Terrace, Newton Centre, MA 02459</td>
<td>Director</td>
<td>Hours/Week 2.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Name and address</td>
<td>Title and average hours per week devoted to position</td>
<td>Compensation (if not paid, enter -0-)</td>
<td>Contributions to employee benefit plans and deferred compensation</td>
<td>Expense account and other allowances</td>
</tr>
<tr>
<td>-----------------</td>
<td>--------------------------------------------------</td>
<td>--------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Maeve Ward</td>
<td>Director</td>
<td>Hours/Week 2.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Peter Smith</td>
<td>Director</td>
<td>Hours/Week 2.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Robbie Durschlag</td>
<td>Director</td>
<td>Hours/Week 2.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Paul Eldrenkamp</td>
<td>Director</td>
<td>Hours/Week 2.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Lois Levin</td>
<td>Director</td>
<td>Hours/Week 2.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Robert Warren</td>
<td>Director</td>
<td>Hours/Week 2.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Heather Taussig</td>
<td>Director</td>
<td>Hours/Week 2.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Myron Rosenberg</td>
<td>Director</td>
<td>Hours/Week 2.00</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
**List of Officers, Directors, Trustees, & Key Employees Stmt**

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Title and average hours per week devoted to position</th>
<th>Compensation (if not paid, enter -0-)</th>
<th>Contributions to employee benefit plans and deferred compensation</th>
<th>Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Barry</td>
<td>Title: Director</td>
<td>Hours/Week: 2.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>97 Waban Hill Rd North, Chestnut Hill, MA 02467</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jim Purdy</td>
<td>Title: Director</td>
<td>Hours/Week: 2.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>943 Chestnut St., Newton Upper Falls, MA 02464</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Francois LaMonica</td>
<td>Title: Director</td>
<td>Hours/Week: 2.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>944 Centre St., Newton, MA 02459</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
Form 990-EZ, Page 1, Part I, Line 20

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rounding errors</td>
<td>2.</td>
</tr>
<tr>
<td>Total</td>
<td>2.</td>
</tr>
</tbody>
</table>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
Form 990-EZ, Page 1, Part II, Line 24

**Line 24 - Other Assets:**

<table>
<thead>
<tr>
<th>Postal reserve account(s)</th>
<th>Beginning of Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>244.</td>
<td>183.</td>
</tr>
<tr>
<td>PayPal</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Petty Cash</td>
<td>50.</td>
<td>250.</td>
</tr>
<tr>
<td>Total</td>
<td>294.</td>
<td>433.</td>
</tr>
</tbody>
</table>
Line 26 - Total Liabilities:

<table>
<thead>
<tr>
<th></th>
<th>Beginning of Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Liabilities: Due No/So Park</td>
<td>491.</td>
<td>0.</td>
</tr>
<tr>
<td>Total</td>
<td>491.</td>
<td>0.</td>
</tr>
</tbody>
</table>
### Supporting Statement of:

**Form 990-EZ/Line 31, Grants & Alloc**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bike Newton</td>
<td>250.</td>
</tr>
<tr>
<td>Ecoteam expense</td>
<td>419.</td>
</tr>
<tr>
<td>Speaker's fee</td>
<td>200.</td>
</tr>
<tr>
<td>Speaker series expenses</td>
<td>96.</td>
</tr>
<tr>
<td>Other programs</td>
<td>190.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,155.</strong></td>
</tr>
</tbody>
</table>

### Supporting Statement of:

**Sch. A, page 3/Gifts, Grants, Fees Amt.-4**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>11,742.</td>
</tr>
<tr>
<td>Membership dues</td>
<td>18,898.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30,640.</strong></td>
</tr>
</tbody>
</table>

### Supporting Statement of:

**Sch. A, page 3/Gross Receipts-5**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Service Revenue</td>
<td>2,078.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,078.</strong></td>
</tr>
</tbody>
</table>
Additional Information For Tax Return

Green Decade/Newton, Inc

04-3075981

Form 990-EZ: Line 10 Text

See Part III, Grants & Similar Programs, lines 28-31 for explanation. Also Schedule O.

Form 990-EZ: Exempt purpose

To create a city in better balance with the natural world by making significant, measurable improvements in the way we, in Newton, use resources.

Form 990-EZ: Line 31, Stmt Description

Bike Newton, Ecoteam, Speaker Series, other programs