Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A 1	OI LITE	2023 Calendar year, or tax year beginning	anu	enuing					
B c	Check if opplicable	C Name of organization			D Employer ide	ntific	cation number		
	Addres	GREENLIGHT FUND, INC.							
	Name change	Doing business as			20-0407	083			
	Initial return Final return/	Number and street (or P.O. box if mail is not deliver 50 MILK STREET, 16TH FLOOR	red to street address)	Room/suite	E Telephone nu 617-912-8				
	termin ated	City or town, state or province, country, and ZIP	or foreign postal code		G Gross receipts \$		42,178,978.		
	Ameno		or revergit poeta, occo		H(a) Is this a gro	un re			
	Applic	·	GHT		for subordir	-			
	pendir	g SAME AS C ABOVE			H(b) Are all subordin				
ΙT	Tax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1 ` ′		list. See instructions		
	Nebsit		(1100111101) 10 11 (4)(1) (01 021	H(c) Group exem				
		organization: X Corporation Trust Associ	ciation Other	1 Year	of formation: 2003	\neg	State of legal domicile: MA		
Pa	art I	Summary		L 1001	or rormanon,	,	Ciato or logar dominono,		
	_	Briefly describe the organization's mission or most sig	inificant activities: SEE SCI	HEDULE O					
Se	-	and the control of th					_		
nau	2	Check this box if the organization discontin	nued its operations or dispos	sed of more	than 25% of its ne	t ass	ets.		
Ver	3	Number of voting members of the governing body (Pa				3	15		
င္ပ	4	Number of independent voting members of the govern	, , , , , , , , , , , , , , , , , , , ,			4	14		
ళ	5	Total number of individuals employed in calendar year				5	57		
ij	6	Total number of volunteers (estimate if necessary)				6	401		
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, colum	(0) 11 (0			7a	0.		
Ă	b	Net unrelated business taxable income from Form 990				7b	0.		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Prior Year		Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)			21,589,9	16.	14,343,566.		
	l	D ' 'D ' 1 1 1 1 1 2 1				0.	0.		
š	l	Investment income (Part VIII, column (A), lines 3, 4, an			528,8	19.	944,240.		
æ	I .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c			-646,7	05.	-382,370.		
	l	Total revenue - add lines 8 through 11 (must equal Pa			21,472,0	30.	14,905,436.		
		Grants and similar amounts paid (Part IX, column (A),			3,539,6	92.	3,915,251.		
	14	Benefits paid to or for members (Part IX, column (A), li	ne 4)			0.	0.		
Ś	15	Salaries, other compensation, employee benefits (Part		4,602,9	6,331,377.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line	11e)			0.	0.		
ē	b	Total fundraising expenses (Part IX, column (D), line 25							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11	f-24e)		1,693,4	96.	2,264,831.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, c	column (A), line 25)		9,836,1	_	12,511,459.		
		Revenue less expenses. Subtract line 18 from line 12			11,635,8	_	2,393,977.		
POS				Ве	ginning of Current Y	ear	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			52,683,1	$\overline{}$	56,201,018.		
t As	21	Total liabilities (Part X, line 26)			399,9	_	575,346.		
		Net assets or fund balances. Subtract line 21 from line	e 20		52,283,2	15.	55,625,672.		
	art II	Signature Block							
		Ities of perjury, I declare that I have examined this return, inc				of my	knowledge and belief, it is		
rue,	, correc	t, and complete. Declaration of preparer (other than officer) is	s based on all information of wh	ich preparer	has any knowledge.				
		Cianature of officer			Doto				
Sigi		Signature of officer			Date				
Her	е	ALI KNIGHT, CEO Type or print name and title							
				П	Date Che	, F	TI PTIN		
ne''		11 1 1	eparer's signature		o to c to t				
Paid		,	TIE BELANGER, CPA	0		employe	•		
-	arer	Firm's name AAFCPAS, INC.			Firm's EIN	1 (04-2571780		
use	Only	Firm's address 50 WASHINGTON STREET			Discorre	500	-366-9100		
11-	, +lo - 1º	WESTBOROUGH, MA 01581) Coo inotes estimate		I Prione no.	200-			
viay	/ tne II	RS discuss this return with the preparer shown above?	See instructions				X Yes No		

Pa	It iii Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE GREENLIGHT FUND TRANSFORMS THE LIVES OF CHILDREN AND FAMILIES IN	
	HIGH-POVERTY URBAN AREAS BY CREATING INFRASTRUCTURE AND A CONSISTENT	
	ANNUAL PROCESS IN CITIES TO IDENTIFY CRITICAL NEEDS, IMPORT INNOVATIVE	
	ENTREPRENEURIAL PROGRAMS THAT CAN HAVE A SIGNIFICANT AND MEASURABLE	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	—
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
Ū	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ad by expenses
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	• •
		nai expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 10,228,315. including grants of \$ 3,915,251.) (Revenue \$	
4a	(Code:) (Expenses \$10,220,313. including grants of \$3,913,231.) (Revenue \$ TO MEET ITS MISSION IN THE TWELVE CITIES WHERE IT OPERATES, THE)
	,	
	GREENLIGHT FUND DOES THE FOLLOWING:	
	- RUNS AN ANNUAL PROCESS TO IDENTIFY CRITICAL COMMUNITY NEEDS; SEARCHES	
	THE COUNTRY TO FIND INNOVATIVE, RESULTS-ORIENTED NONPROFIT APPROACHES	
	TO MEETING NEEDS; CONDUCTS RIGOROUS DILIGENCE ON THESE NONPROFITS TO	
	UNDERSTAND THEIR OUTCOMES, REVENUE MODEL, REPLICABILITY, AND POTENTIAL	
	FIT ON THE LOCAL LANDSCAPE; AND SELECTS ONE ORGANIZATION TO IMPORT INTO	
	THE CITY THAT SHOWS THE GREATEST PROMISE OF MAKING A SIGNIFICANT,	
	MEASURABLE IMPACT AS COST EFFECTIVELY AS POSSIBLE.	
	- SUPPORTS ORGANIZATIONS IT SELECTS WITH FINANCIAL AND NON-FINANCIAL	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
−u		1
 4е	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 10 , 228 , 315.	
46	Total program Service expenses	Fa 990 (0000)

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Form 990 (2023) GREENLIGHT FUND, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ب		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			x
-		6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			٠,,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_		11e		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 ie		
f	3		Х	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	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		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20°	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
4 I		21	х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	41		L

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Form **990** (2023)

Part IV	Checklist of	of Required Sch	edules	(continued)
Form 990 (GREENLIGHT	,	

	Continued)		V	N ₂
22	Did the examination report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	•	23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes." <i>complete</i>			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
_5	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			_ _
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	х	_

Form **990** (2023)

Form 990 (0407083 Pag
Part 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							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			х				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v				
	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	OI:						
-	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	7-	х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х				
d		70						
e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
g 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						
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							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders 11a							
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						
b	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.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
_	organization is licensed to issue qualified health plans Story the amount of receives an head							
	Enter the amount of reserves on hand Did the expanization receive any payments for indeer tenning services during the tay year?	1/1-		Х				
14a h	Did the organization receive any payments for indoor tanning services during the tax year? If "Ves." has it filled a Form 720 to report these payments? If "Ne." provide an explanation on Schodule O.	14a 14b						
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14D						
10	excess parachute payment(s) during the year?	15		х				
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х				
	If "Yes," complete Form 4720, Schedule O.	.0						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

Form **990** (2023) 332005 12-21-23

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 **1a** Enter the number of voting members of the governing body at the end of the tax year 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MA, PA, CA, OH, NC, MI, MN, IL, CO, FL, GA, MD Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records MADHUMITA CHAKRABARTTI - 617-912-8983 50 MILK STREET, 16TH FLOOR, BOSTON, 02109

Form 990 (2023) GREENLIGHT FUND, INC. 20-0407083 Page **7**

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(do		Pos heck	ition	than o	one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	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) MARGARET HALL	40.00	_								
CLERK, CEO		Х		Х		L.,	4	217,171.	0.	16,128.
(2) CASEY JOHNSON	40.00	1								
VP, NATIONAL PORTFOLIO & LEARNING						X		193,155.	0.	7,440.
(3) ROBERT MAYS	40.00									
VP, PEOPLE, EQUITY & CULTURE			_			Х	V	165,837.	0.	31,454.
(4) MELISSA LUNA	40.00	1								
VP OF SITE SUCCESS & BOSTON ED			_			Х		181,083.	0.	16,002.
(5) KATHERINE SCHWASS	40.00									
VP OF SITE SUCCESS & BAY AREA ED						Х		176,583.	0.	16,002.
(6) LATISHA JOHNSON	40.00								_	
EXECUTIVE DIRECTOR, GREATER NEWARK			<u> </u>			Х		146,087.	0.	24,575.
(7) MADHUMITA CHAKRABARTTI	40.00	4								
VP, FINANCE & OPERATIONS	- 22	ļ	<u> </u>	Х				150,946.	0.	13,791.
(8) JOHN SIMON	5.00	l								
CHAIRPERSON	1 00	Х	_	Х				0.	0.	0.
(9) TIM PALMER	1.00	ł								
TREASURER	1 00	Х	_	Х				0.	0.	0.
(10) PAUL CARTTAR	1.00	ł								
BOARD MEMBER	1 00	Х	_					0.	0.	0.
(11) ANNE LOVETT	1.00	l								
BOARD MEMBER	1 00	Х	_					0.	0.	0.
(12) KERRY SULLIVAN	1.00	∤								•
BOARD MEMBER	1 00	Х	┝					0.	0.	0.
(13) MARC KOZIN	1.00	-								
BOARD MEMBER	1 00	Х	┢					0.	0.	0.
(14) KATHERINA ROSQUETA	1.00	 						0.		_
BOARD MEMBER	1 00	Х	-					0.	0.	0.
(15) MICHELE JOLIN BOARD MEMBER	1.00	x						0.	0.	_
(16) CAROL GOSS	1.00	<u> </u>	\vdash	<u> </u>	\vdash				0.	0.
BOARD MEMBER	1.00	х						0.	0.	0
(17) TOM EBLING	1.00	<u> </u>	\vdash	<u> </u>	\vdash				0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
JOIND HIMDIN	L	21	<u> </u>	l	<u> </u>		l	ı	٠.	Form 990 (2022)

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Form 990 (2023) GREENLIGHT FO	JND, INC.								20-0407	708	3 F	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	Average hours per week F (do not che box, unless officer and			Position check more than one less person is both an and a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	/	from the organization and relations organizations organizations.	ne tion ted
(18) JUMA CRAWFORD BOARD MEMBER	1.00	x						0.		0.		0.
(19) IRFAN ALIBHAI	1.00	Λ						0.				<u> </u>
BOARD MEMBER		х						0.		٥.		0.
(20) JOHN CONNAUGHTON	1.00	Ī										•
BOARD MEMBER (21) ALICIA ROSE	1.00	Х				\vdash		0.		0.		0.
BOARD MEMBER	1.00	х						0.		٥.		0.
		-										
							4					
		-										
1b Subtotal								1,230,862.		0.	125	,392.
c Total from continuation sheets to Part VI						1	\	1,230,862.		0.	125	0. ,392.
d Total (add lines 1b and 1c)							io re	· · · · · ·		٠٠,	123	19
compensation from the organization											Yes	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s.		1									3	Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150Did any person listed on line 1a receive or a										.	4 X	
rendered to the organization? If "Yes," com	plete Schedul	e J f	or si	ıch <u>ı</u>	oers	on					5	Х
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mnensated inc	dene	nde	nt co	ntra	acto	rs th	nat received more than \$	100 000 of comper	nsat	ion from	
the organization. Report compensation for								the organization's tax y				
(A) Name and business	address	NO	NE					(B) Description of s	ervices	С	(C) ompensatio	n
2 Total number of independent contractors (in \$100,000 of compensation from the organization from the organization)	· ·	ot lin	nite	d to		se lis	ted	above) who received mo	ore than			

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Part VIII Statement of Revenue

		Check if Schedule O contains a response or	r note to any lin	e in this Part VIII			
		Officer if Ochedule O contains a response of	Tiole to arry iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1	a Federated campaigns1a					
ra E		b Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts		c Fundraising events1c	632,304.				
ifts		d Related organizations 1d					
nis,		e Government grants (contributions) 1e					
Sir		f All other contributions, gifts, grants, and					
uti Je			13,711,262.				
등			3,114,168.				
ont		g Noncash contributions included in lines 1a-1f	3,114,100.	14 242 566			
O g		h Total. Add lines 1a-1f		14,343,566.			
		<u> </u>	Business Code				
ė	2	а					
Σœ		b					
Se		c					
an a		d					
Be		e					
Program Service Revenue		f All other program service revenue					
_		_					
_		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest		1 102 000			1 102 000
		other similar amounts)		1,193,098.			1,193,098.
	4	Income from investment of tax-exempt bond pro	oceeds				_
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	•	2	(1) 5 11.16.				
		,					
_		b Less: cost or other basis					
Revenue		and sales expenses					
Ş.		c Gain or (loss) 7c -248,858.					
æ		d Net gain or (loss)		-248,858.			-248,858.
her	8	a Gross income from fundraising events (not					
₹		including \$ 632,304. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	37,186.				
		b Less: direct expenses 8b	419,556.				
			, , , , , , , , , , , , , , , , , , ,	-382,370.			-382,370.
		a Gross income from gaming activities. See		7			,
	9	l l					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold10b					
		c Net income or (loss) from sales of inventory					
			Business Code				
sno	11	a [
Jue Tue	••						
Miscellaneous Revenue							
Sce		C					
Ξ̈́		d All other revenue					
		e Total. Add lines 11a-11d		14 005 :05	-	-	564 0=0
	12	Total revenue. See instructions		14,905,436.	0.	0.	561,870.

332009 12-21-23

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 3,905,251 3,905,251 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 10,000 10,000. Benefits paid to or for members Compensation of current officers, directors, 403,871 trustees, and key employees 249,007. 138,843 16,021. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,796,176. 4,847,067. 686,729. 364,162. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 143,373 143,373 533,207 382,604 121,619 28,984. 9 Other employee benefits 403,859 313,203. 60,861 29,795. 10 Payroll taxes Fees for services (nonemployees): Management Legal 44,406. 44,406 Accounting Lobbying Professional fundraising services. See Part IV, line 17 45,728. 45,728 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 479,987 350,292. 101,574 28,121. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 122,062 91,752. 21,935 8,375. 13 Office expenses 112,583 220,816 107,603 630. 14 Information technology Royalties 15 134,334 91,190. 42,431 713. 16 582,356 413,863, 162,208 6,285. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 64,934. 566. 3,911. Conferences, conventions, and meetings 60,457. 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 31,801 31,801 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) PROGRAM SUPPORT 281,802, 275,063. 5,303 1,436. MISCELLANEOUS 180,164 139,696. 38,058 2,410. BAD DEBT 34,231, 34,231, С DUES AND SUBSCRIPTIONS 22,036. 130. 22,997. 831 19,213, 15,142 3,584 487. All other expenses 12,511,459 10,228,315 1,791,684 491,460. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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90059 1

Form 990 (2023) Part X | Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	T		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	9,394,743.	1	7,261,496
	2	Savings and temporary cash investments		2	4,385,732
	3	Pledges and grants receivable, net		3	8,568,215
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges	122 /6/	9	171,060
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a	0.		
	b	Less: accumulated depreciation	18,750.	10c	
	11	Investments - publicly traded securities	31,878,015.	11	35,739,245
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	8,602.	15	75,270
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	56,201,018
	17	Accounts payable and accrued expenses	299,974.	17	475,346
	18	Grants payable		18	
	19	Deferred revenue		19	100,000
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ě		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	555 246
	26	Total liabilities. Add lines 17 through 25	399,974.	26	575,346
s		Organizations that follow FASB ASC 958, check here			
č		and complete lines 27, 28, 32, and 33.	14 350 700		14 750 405
alar	27	Net assets without donor restrictions		27	14,759,485
Ä	28	Net assets with donor restrictions	37,923,506.	28	40,866,187
Ĕ		Organizations that do not follow FASB ASC 958, check here			
Ϋ́		and complete lines 29 through 33.			
ţ	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	EE (0E (E0
Š	32	Total net assets or fund balances	E2 602 100	32	55,625,672
	33	Total liabilities and net assets/fund balances	52,683,189.	33	56,201,018 Form 990 (202)

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

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

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

Form 990 (2023)

За

Х

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** GREENLIGHT FUND, INC. 20-0407083 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	10,622,263.	9,938,874.	15,858,662.	21,589,916.	14,343,566.	72,353,281.
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	10,622,263.	9,938,874.	15,858,662.	21,589,916.	14,343,566.	72,353,281.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				4		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						8,095,579.
6	Public support. Subtract line 5 from line 4.						64,257,702.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	10,622,263.	9,938,874.	15,858,662.	21,589,916.	14,343,566.	72,353,281.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	112,186.	31,858.	42,869.	692,274.	1,193,098.	2,072,285.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						74,425,566.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	254,334.
	First 5 years. If the Form 990 is for th			ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	86.34 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	88.70 %
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or me	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	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	st. The organizatio	n qualifies as a pul	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	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	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	·
						Schedule A	(Form 990) 2023

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

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

Sec	etion A. Public Support	clow, picase comp	note i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		,,	,			
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(=,/==::=	(4)====	(=,===	(-,		(-)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	J		,	,	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					T [
	Public support percentage for 2023 (I		•	column (f))		15	<u>%</u>
	Public support percentage from 2022	·				16	<u>%</u>
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2023. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	=	-	•	• • •		
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization						

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Schedule A (Form 990) 2023

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.)

		Yes	No
	1		
	2		
	0-		
	3a		
	3b		
	OD.		
	3с		
	00		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	- 30		
	10a		
_	10b	000	
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Pa	rt IV Supporting Organizations (continued)			
			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		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
	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			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of 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).	1		
Sec	etion 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		
Sec	ction 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))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	<u> </u>			
С	3 The state of the state	struction		I
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b		ı

Sche	dule A (Form 990) 2023 GREENLIGHT FUND, INC.	20-0407083	Page 6		
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain i</i>	n Part VI). See instr	uctions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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 (optiona	
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 Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting or	ganization (see	
	instructions).				

Schedule A (Form 990) 2023

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exer	1						
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purpose	s 3						
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5					
_6	Other distributions (describe in Part VI). See instructions.		6					
7	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive	;					
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2023 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10					
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023				
1	Distributable amount for 2023 from Section C, line 6		A					
2	Underdistributions, if any, for years prior to 2023 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2023							
a	From 2018							
b	From 2019							
c	From 2020							
d	From 2021		Y					
e	From 2022							
f_	Total of lines 3a through 3e							
<u>g</u>	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2023 distributable amount							
i_	Carryover from 2018 not applied (see instructions)							
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
<u>b</u>	Applied to 2023 distributable amount							
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
_	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2019 Excess from 2020							
	Excess from 2021							
	Excess from 2022							
u	Excess from 2023							

Schedule A (Form 990) 2023

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other S	Similar Funds	or Account	S. Complete if the	
	organization answered "Yes" on Form 990, Part IV, lin					
		(a) Donor advis	ed funds	(b) Fund	s and other account	<u> </u>
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	-				
_	are the organization's property, subject to the organization's				Yes	No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor o	•		J	Vaa	NI-
Par	impermissible private benefit? t II Conservation Easements. Complete if the org	ranization answered "V	es" on Form 990 I	Part IV line 7	Yes	No
1	Purpose(s) of conservation easements held by the organization			artiv, iiie 7.		
•	Preservation of land for public use (for example, recrea		_	a historically in	nportant land area	
	Protection of natural habitat		Preservation of	•	•	
	Preservation of open space		Treservation of	a certified filst	one structure	
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contrib	oution in the form	of a conservation	on easement on the	last
_	day of the tax year.	iod concervation contrib			leld at the End of the	
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements					
С	Number of conservation easements on a certified historic stru			1 4 1		
d						
	on a historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rel				uring the tax	
	year					
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per	iodic monitoring, inspec	tion, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing cons	ervation easem	ents during the year	-
-	Assumed of a superior in a sup	llian af cialakiana and a	-f	.:	ali vidia ai Ala a via aii	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and el	ntorcing conservat	ion easements	during the year	
8	Does each conservation easement reported on line 2d above	eatisfy the requirement	s of section 170(h)	(4)(B)(i)		
Ü	and section 170(h)(4)(B)(ii)?	•	` '		Yes	No
9	In Part XIII, describe how the organization reports conservation					110
Ŭ	balance sheet, and include, if applicable, the text of the footn		•		hes the	
	organization's accounting for conservation easements.	iete te tine erganization	5 m a		200 11.10	
Par	t III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Ot	her Similar	Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its rev	enue statement a	nd balance she	et works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	n, or research in fu	rtherance of pu	ıblic	
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that de	scribes these item	S.		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenu	e statement and b	alance sheet w	orks of	
	art, historical treasures, or other similar assets held for public	exhibition, education, o	or research in furth	erance of publi	c service,	
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
	(ii) Assets included in Form 990, Part X			\$		
2	If the organization received or held works of art, historical treatments	asures, or other similar a	assets for financial	gain, provide		
	the following amounts required to be reported under FASB A					
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		S	chedule D (Form 99	90) 2023

Schedule D (Form 990) 2023

e Other

basis (investment)

Leasehold improvements d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, line 10c. column (B))

basis (other)

depreciation

Schedule D (Form 990) 2023 GREENLIGHT FUND,	INC.		0-0407083 Page 3
Part VII Investments - Other Securities	5 000 D 1 N 1 I'	141 O E 000 D 1 V II 40	
Complete if the organization answered "Yes" o			d a ferra a constant control
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	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	d-of-year market value
(1)			·
(2)			
(3)			
(4)	4		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" or	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description	Ť	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))		
Complete if the organization answered "Yes" o	n 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)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. line 25. col.	(B))		
2. Liability for uncertain tax positions. In Part XIII, provide t			hat reports the
organization's liability for uncertain tax positions under F			

Schedule D (Form 990) 2023

Par	t XI Reconciliation of Revenue per Audited Financial Stateme		evenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				15 002 006
1				1	15,882,006.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		0.40 400		
a	Net unrealized gains (losses) on investments		948,480. 73,818.		
b	Donated services and use of facilities		73,010.		
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)			00	1,022,298.
e	Add lines 2a through 2d			2e 3	14,859,708.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	11,005,700.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	45,728.		
b	Other (Describe in Part XIII.)		, -		
	Add lines 4a and 4b			4c	45,728.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	14,905,436.
Par	t XII Reconciliation of Expenses per Audited Financial Statem	ents With E	xpenses per F	Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ı .			
1	Total expenses and losses per audited financial statements			1	12,539,549.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	73,818.		
b	Prior year adjustments				
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	73,818.
3	Subtract line 2e from line 1)		3	12,465,731.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	45 500		
а	Investment expenses not included on Form 990, Part VIII, line 7b		45,728.		
b	Other (Describe in Part XIII.)	. 4b			45 700
	Add lines 4a and 4b			4c	45,728. 12,511,459.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information			5	12,511,459.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	· IV lines 1h ar	nd 2h: Part V. lina 4	· Dart V Ii	ino 2: Dart VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			, rait A, ii	ine Z, r art Ai,
	and 45, and 1 arrivin, integral and 45.7 lies complete time part to provide any add	intional informe	ation.		
PART	X, LINE 2:				
THE	GREENLIGHT FUND ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN A	CCORDANCE			
WITH	ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNT	TING FOR			
UNCE	RTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHO	LD AND			
		DOSTRION			
MEAS	UREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT REGARDING A TAX	POSITION			
መአጀር	N OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE GREENLIGHT F	IIND UAC			
IAKE	N OR EAFECTED TO BE TAKEN IN A TAX RETURN. THE GREENDIGHT F	OND HAS			
DETE	RMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIF	Y FOR			
	X				_
EITH	ER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT D	ECEMBER			
21	2022 WAR BLAND'S TANDONAMION DEMANDAS AND STRING NO DANAMAN	TON DV			
<u>зт,</u>	2023. THE FUND'S INFORMATION RETURNS ARE SUBJECT TO EXAMINAT	TON RA			
THE	FEDERAL AND STATE JURISDICTIONS.				

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 GREENLIGHT FUND, INC.	20-0407083	Page 5
Schedule D (Form 990) 2023 GREENLIGHT FUND, INC. Part XIII Supplemental Information (continued)		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** GREENLIGHT FUND, INC. 20-0407083 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total (a) Region (b) Number of employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region

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

0

0

0

Schedule F (Form 990) 2023

and 3b)

3 a Subtotal **b** Total from continuation

sheets to Part I c Totals (add lines 3a

0.

0.

Part II

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SELECTION CYCLE					
		EUROPE (INCLUDING	DILIGENCE PHASE GRANT					
		ICELAND &	FOR CHARITABLE					
			PURPOSES.	10,000.	WIRE TRANSFER	0.		FMV

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (e) Manner of cash disbursement (c) Number of (d) Amount of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2023 Part IV Foreign Forms

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

Schedule F (Form 990) 2023

art V	Supplemental Information Particle the information was vised by Part I. line 2 (respitation of founds). Part I. line 2 calcums (6) (respitation methods are supplemented).
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization GREENLIGHT	FUND, INC.					Employer ide 20-040708	ntification number
Part I Fundraising Activities	Complete if the organization answ	ered "Y	'es" or	n Form 990, Part IV, I	line 1		
required to complete this pa 1 Indicate whether the organization rai a	sed funds through any of the following solicits and solicits are solicited by the solicities are soliciti	ation of ation of al fundra al (includo profess	non-g gover aising ding of lonal fu	overnment grants nment grants events fficers, directors, trus undraising services?	stees,	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have o	Did raiser sustody atrol of utions?	(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		1/2					
		4					
Total							
List all states in which the organization or licensing.				or has been notified	l it is	exempt from re	gistration
For Paperwork Reduction Act Notice, s	ee the Instructions for Form 990 o	r 990-E	Z.			Schedule	e G (Form 990) 2023

			T FUND, INC.			0407083 Page 2
Pa	rt I	Fundraising Events. Complete if of fundraising event contributions and of				
		of fundraising event contributions and g	(a) Event #1	(b) Event #2	(c) Other events	
			(a) Evolue in 1	(b) Evolte #E	(b) other events	(d) Total events
			EMERALD EVENING	BOS GOLF	1	(add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue						
Rev	1	Gross receipts	471,877.	145,628.	51,985.	669,490.
	•	Loop Contributions	460,985.	119,334.	51,985.	632,304.
	2	Less: Contributions	400,505.	117,554.	31,503.	032,304.
	3	Gross income (line 1 minus line 2)	10,892.	26,294.		37,186.
	4	Cash prizes				
	_	Nanagah prizas				
S	5	Noncash prizes				
ense	6	Rent/facility costs	29,688.	45,341.	96.	75,125.
Direct Expenses						
ect	7	Food and beverages	112,804.	7,206.	1,874.	121,884.
Ë	_		14 522			14 522
		Entertainment Other direct expenses				14,523. 208,024.
	10					419,556.
	11	· ·	Una Carataman (al)			-382,370.
Pa	rt I	Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.				
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Вè	1	Gross revenue				
		aross revenue				
S	2	Cash prizes				
Expenses						
-xpe	3	Noncash prizes				
Ħ	4	Rent/facility costs				
Dire	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No	
	_	Direct consequence Add lines Office	ala E la callacaca (d)			
	1	Direct expense summary. Add lines 2 through	gh 5 in column (a)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
			, , , ,			
		ter the state(s) in which the organization cond	• • -			
		the organization licensed to conduct gaming				Yes No
b	If "	No," explain:				
10a	We	ere any of the organization's gaming licenses	revoked, suspended, or te	erminated during the tax v	ear?	Yes No
		Yes," explain:				

332082 09-13-23

Sch	edule G (Form 990) 2023 GREENLIGHT FUND, INC. 20	0-0407	7083	3	Page 3
11	Does the organization conduct gaming activities with nonmembers?		,	⁄es	☐ No
	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?		\neg	es	No
13	Indicate the percentage of gaming activity conducted in:	–			
	The organization's facility	1	3a		%
	An outside facility		3b		//
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		00		
14	criter the fiame and address of the person who prepares the organization's gaming/special events books and records.				
	Nama				
	Name				
	Address				
		_	一.	_	┌
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	∟	'	es/	∟ 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 \$				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Canning manager compensation ψ				
	Description of continue provided				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	_		
	retain the state gaming license?	L	' \	/ es	└── 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 \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III	, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				

Schedule 6	G (Form 990) GREENLIGHT FUND, INC.	20-0407083	Page 4
Part IV	G (Form 990) GREENLIGHT FUND, INC. Supplemental Information (continued)		
	1,500,000,000		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
GREENLIGHT FU							20-0407083
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the (grantees' eligibility	for the grants or assis	tance, and the selection	
criteria used to award the grants or assi	stance?						Yes No
2 Describe in Part IV the organization's pro-							
Part II Grants and Other Assistance to recipient that received more than					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
					(f) Method of		T
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALL OUR KIN INC.							
153 EAST ST 3RD FLOOR	06 1530300	a aonn	172 750				GENERAL GURRORE
NEW HAVEN, CT 06511	06-1539280	C-CORP	173,750.	0.			GENERAL SUPPORT
BAM - YOUTH GUIDANCE 1 NORTH LASALLE STREET, SUITE 900 CHICAGO, IL 60602	36-2167032	501 (C) 3	305,000.	0.			GENERAL SUPPORT
BUILD COMMONWEALTH, INC. 22 BATTERYMARCH STREET, SUITE 501 BOSTON, MA 02109	04-3540147	501 (C) 3	10,000.	0.			GENERAL SUPPORT
CENTER FOR EMPLOYMENT OPPORTUNITIES - 50 BROADWAY, SUITE 1604 - NEW YORK, NY 10004	13-3843322	501 (C) 3	242,500.	0.			GENERAL SUPPORT
CITY OF CHARLOTTE (CURE VIOLENCE GLOBAL) - 227 W MONROE ST STE 1025 (CURE VIOLENCE GLOBAL) - CHICAGO,		E01 (G) 2	300,000	0			GENERAL GUDDODE
IL 60606	82-3471223	201 (C) 3	300,000.	0.			GENERAL SUPPORT
CONNECT TO COMPETE, INC. 413 K ST NE WASHINGTON , DC 20002	45-4868462	501 (C) 3	175,000.	0.			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) a	nd government ord	anizations listed in the	·				23.
3 Enter total number of other organization	-						9.

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

Schedule I (Form 990) 2023

Schedule I (Form 990) GREENLIGHT FUND, INC. 20-0407083

Part II Continuation of Grants and Other	Assistance to Doi	nestic Organizations	and Domestic Go	vernments (Sch	edule i (Form 990), Pa I	rt II.) T	
(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
FOOD CONNECT CO.							
2407 GRAYS FERRY AVE							
PHILADELPHIA, PA 19146	81-3230981	501 (C) 3	347,500.	0.			GENERAL SUPPORT
FOODCORPS INC							
1140 SE 7TH AVE. SUITE 110							
PORTLAND, OR 97214	27-3990987	C-CORP	10,000.	0.			GENERAL SUPPORT
HOMESTART, INC.							
105 CHAUNCY STREET, SUITE 502	04 2211270	g gopp	227 501				GENERAL GURRORE
BOSTON, MA 02111	04-3311270	C-CORP	237,501.	0.			GENERAL SUPPORT
HOPEWORKS CAMDEN							
808 MARKET ST.							
CAMDEN, NJ 08102	31-1660671	C_COPP	175,000.	0.			GENERAL SUPPORT
CAMDEN, NO 00102	31 1000071	c corr	175,000.	0.			GENERAL BOTTORT
INNER EXPLORER, INC							
430 FRANKLIN VILLAGE DR. #325							
FRANKLIN, MA 02038	45-2395336	501 (C) 3	300,000.	0.			GENERAL SUPPORT
	10 203000	(0)		•			
INNERCITY WEIGHTLIFTING INC.							
160 SECOND ST							
CAMBRIDGE, MA 02142	27-1333425	C-CORP	10,000.	0.			GENERAL SUPPORT
•			· ·				
INTERISE, INC							
361 NEWBURY STREET, SUITE 421							
BOSTON, MA 02115	26-3011769	C-CORP	10,000.	0.			GENERAL SUPPORT
JOIN FREEWORLD, INC							
1043 GARLAND AVE. UNIT C #950							
SAN JOSE, CA 95126	85-4029841	501 (C) 3	10,000.	0.			GENERAL SUPPORT
MRELIEF							
2045 W GRAND AVE STE B PMB 70440							
CHICAGO, IL 60612-1577	47-3559589	501 (C) 3	97,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Page 1

Schedule I (Form 990) GREENLIGHT FUN	D, INC.						20-0407083	Page 1
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Par	t II.)		
(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance	:
NARRATIVE NATION INC. 48 LONGSHORE ST. BAY SHORE, NY 11706	82-3760872	501 (C) 3	87,500.	0.			GENERAL SUPPORT	
NEW TEACHER CENTER 110 COOPER STREET, SUITE 500 SANTA CRUZ, CA 95060	26-2427526	501 (C) 3	20,000.	0.			GENERAL SUPPORT	
NURSE-FAMILY PARTNERSHIP 1900 GRANT ST. 4TH FLOOR. DENVER, CO 80203	20-0234163	C-CORP	150,000.	0.			GENERAL SUPPORT	_
PEER HEALTH EXCHANGE, INC. 1423 BROADWAY, #1059	F6 227420F	E01 (G) 2	30,000.	0.	*		CHAMBON GIRDON	
OAKLAND, CA 94612 PILLSBURY UNITED COMMUNITIES 3750 FREMONT AVE N MINNEAPOLIS, MN 55412	56-2374305		150,000.	0.			GENERAL SUPPORT GENERAL SUPPORT	
POINT SOURCE YOUTH 215 PARK AVENUE SOUTH, 11TH FLOOR NEW YORK, NY 10003	47-3748007	C-CORP	195,000.	0.			GENERAL SUPPORT	
PUBLIC WORKS ALLIANCE 801 COLD SPRING ROAD SANTA BARBARA, CA 93108	87-2189871	501 (C) 3	110,000.	0.			GENERAL SUPPORT	
RAR-MA, INC. (RAISING A READER MA) 3 SCHOOL STREET BOSTON, MA 02108	80-0297898	501 (C) 3	50,000.	0.			GENERAL SUPPORT	
SPRINGBOARD COLLABORATIVE 1500 JOHN F KENNEDY BLVD, SUITE 116 PHILADEPLPHIA, PA 19102	5 45-3719806	501 (C) 3	80,000.	0.			GENERAL SUPPORT	

Schedule I (Form 990) GREENLIGHT FUND, INC. 20-0407083

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
THE CAPITAL GOOD FUND							
333 SMITH STREET							
PROVIDENCE, RI 02908	80-0348382	501 (C) 3	70,000.	0.			GENERAL SUPPORT
THE FOUNTAIN FUND 233 4TH ST. NW BOX Z							
CHARLOTTESVILLE, VA 22902	81-3741447	501 (C) 3	185,000.	0.			GENERAL SUPPORT
·							
THE LITERACY LAB							
1400 16TH STREET, NW, SUITE 410							
WASHINGTON , DC 20036	27-1777117	501 (C) 3	235,000.	0.			GENERAL SUPPORT
WTIA WORKFORCE INSTITUTE							
(APPRENTI) - 1595 NW GILMAN BLVD,	47 2051262	E01 (G) 3	10 000	0.			CENEDAL GUDDODE
SUITE 6B - ISSAQUAH, WA 98027	47-3951262	301 (C / 3	10,000.	0.			GENERAL SUPPORT
AVANCE, INC.							
824 BROADWAY ST., SUITE 204							
SAN ANTONIO, TX 78215	74-1769114	501 (C) 3	10,000.	0.			GENERAL SUPPORT
FIRST PLACE FOR YOUTH							
426 17TH ST., SUITE 100			l .				
OAKLAND, CA 94612	94-3341034	501 (C) 3	59,000.	0.			GENERAL SUPPORT
			/				
PARENT-CHILD HOME PROGRAM, INC.							
163B MINEOLA BLVD							
MINEOLA, NY 11501	11-2495601	501 (C) 3	60,000.	0.			GENERAL SUPPORT
			<u> </u>				<u> </u>

Page 1

GREENLIGHT FUND, INC. 20-0407083 Schedule I (Form 990) 2023 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. (b) Number of (a) Type of grant or assistance (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance 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 GREENLIGHT FUND MONITORS THE USE OF FUNDS GRANTED TO ORGANIZATIONS THROUGH AN ANNUAL REVIEW IT CONDUCTS WITH ITS GRANTEES AS WELL REGULAR MEETINGS WITH LOCAL LEADERSHIP. IN ADDITION. THE LOCAL GREENLIGHT FUND EXECUTIVE DIRECTORS SERVE ON THE LOCAL BOARDS OF DIRECTORS OR BOARDS OF ADVISORS OF ORGANIZATIONS THAT RECEIVE FUNDS IN THEIR LOCATIONS. AS BOARD

ONGOING REPORTS ON PROGRAM RESULTS AND OUTCOMES,

MEMBERS OF NONPROFITS THAT RECEIVE FUNDS. THE EXECUTIVE DIRECTORS REVIEW

QUARTERLY FINANCIAL INFORMATION, ANNUAL AUDITED FINANCIAL STATEMENTS AND

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

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

GREENLIGHT FUND, INC. 20-0407083 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee X Compensation survey or study Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х **a** Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b Х c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2023

Regulations section 53.4958-6(c)?

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 and/or 1099-NEC compensation				irement and deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
(A) Name and Title		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	compensation					
(1) MARGARET HALL	(i)	217,171.	0.	0.		7,555.	8,573.	233,299.	0.	
CLERK, CEO	(ii)	0.	0.	0.		0.	0.	0.	0.	
(2) CASEY JOHNSON	(i)	193,155.	0.	0.		5,361.	2,079.	200,595.	0.	
VP, NATIONAL PORTFOLIO & LEARNING	(ii)	0.	0.	0.		0.	0.	0.	0.	
(3) ROBERT MAYS	(i)	165,837.	0.	0.		6,879.	24,575.	197,291.	0.	
VP, PEOPLE, EQUITY & CULTURE	(ii)	0.	0.	0.		0.	0.	0.	0.	
(4) MELISSA LUNA	(i)	181,083.	0.	0.		7,429.	8,573.	197,085.	0.	
VP OF SITE SUCCESS & BOSTON ED	(ii)	0.	0.	0.		0.	0.	0.	0.	
(5) KATHERINE SCHWASS	(i)	176,583.	0.	0.		7,429.	8,573.	192,585.	0.	
VP OF SITE SUCCESS & BAY AREA ED	(ii)	0.	0.	0.		0.	0.	0.	0.	
(6) LATISHA JOHNSON	(i)	146,087.	0.	0.		0.	24,575.	170,662.	0.	
EXECUTIVE DIRECTOR, GREATER NEWARK	(ii)	0.	0.	0.		0.	0.	0.	0.	
(7) MADHUMITA CHAKRABARTTI	(i)	150,946.	0.	0.		6,043.	7,748.	164,737.	0.	
VP, FINANCE & OPERATIONS	(ii)	0.	0.	0.		0.	0.	0.	0.	
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

GREENLIGHT FUND, INC.

Employer identification number 20-0407083

Par	t I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	_	s
1	Art - Works of art			, , ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	8	3,114,168.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other \dots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens	4						
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (L		<u> </u>				
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29		I	., 1	
00-	Date the second of the second section is			and the David I. Barra & Marrier	l- 00 . H 1 '1		Yes	No
30a	During the year, did the organization receive by	-		· · · · · · · · · · · · · · · · · · ·				
	must hold for at least 3 years from the date of					20-		Х
	exempt purposes for the entire holding period?	·				30a		
	If "Yes," describe the arrangement in Part II.	action that re	auiros tha ravious	of any nanotandard contribut	iono?	31		Х
	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?					32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	cked,			
	describe in Part II.							
Ear E	Panerwork Reduction Act Notice see the Inst		Farm 000		Schodule N	A (Farm	- 000	2022

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

GREENLIGHT FUND INC

Employer identification number 20-0407083

GREENHEIGHT TOND, THE.	20 0407005
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE GREENLIGHT FUND TRANSFORMS THE LIVES OF CHILDREN AND FAMILIES IN	
HIGH-POVERTY URBAN AREAS BY CREATING INFRASTRUCTURE AND A CONSISTENT	
ANNUAL PROCESS IN CITIES TO IDENTIFY CRITICAL NEEDS, IMPORT INNOVATIVE	
ENTREPRENEURIAL PROGRAMS THAT CAN HAVE A SIGNIFICANT AND MEASURABLE	
IMPACT, AND GALVANIZE LOCAL AND NATIONAL SUPPORT TO HELP PROGRAMS REACH	
AND SUSTAIN IMPACT IN THE NEW CITY.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
IMPACT, AND GALVANIZE LOCAL AND NATIONAL SUPPORT TO HELP PROGRAMS REACH	
AND SUSTAIN IMPACT IN THE NEW CITY.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
ASSISTANCE. GREENLIGHT TYPICALLY PROVIDES AROUND \$600,000 OVER AN	
ORGANIZATION'S FIRST FOUR YEARS IN THE NEW CITY, HELPS ATTRACT TALENTED	
LEADERSHIP TO THEIR LOCAL STAFF AND BOARDS, TAKES A SEAT ON THEIR LOCAL	
BOARDS, FACILITATES PARTNERSHIPS AND ADDITIONAL RESOURCES, AND SUPPORTS	_
AND MONITORS PROGRESS TO BECOME SUSTAINABLE IN THE NEW LOCATION.	
- LAUNCHES ORGANIZATIONS IN THE COMMUNITY BY SHOWCASING THEM AT EVENTS	
WHERE THEY CAN BUILD AWARENESS AND RECRUIT NEW SUPPORTERS.	
SINCE ITS FOUNDING IN BOSTON IN 2004, THE GREENLIGHT FUND HAS IMPORTED	
FIFTEEN ORGANIZATIONS INTO BOSTON: FRIENDS OF THE CHILDREN-BOSTON,	
RAISING A READER-MASSACHUSETTS, PEER HEALTH EXCHANGE, YOUTH VILLAGES'	
LIFESET PROGRAM, UPTOGETHER, SINGLE STOP USA, THE NEW TEACHER CENTER,	
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2023

332211 11-14-23

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** GREENLIGHT FUND, INC. 20 - 0407083COLLEGE ADVISING CORPS, BLUEPRINT SCHOOLS NETWORK, CAREMESSAGE, YOUTH GUIDANCE: BECOMING A MAN, PER SCHOLAS, YOUTH GUIDANCE: WORKING ON WOMANHOOD, CHILD FIRST, AND THE FOUNTAIN FUND. SINCE 2012 WHEN IT WAS ESTABLISHED IN PHILADELPHIA, GREENLIGHT PHILADELPHIA HAS IMPORTED SINGLE STOP USA, YEAR UP, CENTER FOR EMPLOYMENT OPPORTUNITIES, PARENTCHILD+, COMPASS WORKING CAPITAL, HOPEWORKS, AND THE FOUNTAIN FUND INTO THE CITY. SINCE 2012 WHEN IT WAS FOUNDED IN THE SAN FRANCISCO BAY AREA. GREENLIGHT BAY AREA HAS IMPORTED GENESYS WORKS, UASPIRE, SPRINGBOARD COLLABORATIVE, BLUEPRINT MATH FELLOWS, PARENTCHILD+, EVERYONE ON, AND FOOD CONNECT INTO THE BAY AREA. SINCE 2015 WHEN IT WAS FOUNDED IN CINCINNATI, GREENLIGHT CINCINNATI HAS IMPORTED CENTER FOR EMPLOYMENT OPPORTUNITIES, UPTOGETHER, FIRST PLACE FOR YOUTH, THE LITERACY LAB'S LEADING MEN FELLOWSHIP, AND HOMESTART RENEW COLLABORATIVE INTO THE CITY. SINCE 2016 WHEN IT WAS FOUNDED IN DETROIT, GREENLIGHT DETROIT HAS IMPORTED CENTER FOR EMPLOYMENT OPPORTUNITIES, NEW TEACHER CENTER, AND SPRINGBOARD COLLABORATIVE INTO THE CITY. SINCE 2017 WHEN IT WAS FOUNDED IN CHARLOTTE, GREENLIGHT CHARLOTTE HAS IMPORTED PARENTCHILD+, CENTER FOR EMPLOYMENT OPPORTUNITIES ALTERNATIVES TO VIOLENCE, AND INNER EXPLORER INTO THE CITY.

SINCE 2018, WHEN IT WAS FOUNDED IN KANSAS CITY, GREENLIGHT KANSAS CITY

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** GREENLIGHT FUND, INC. 20 - 0407083HAS IMPORTED YOUTH GUIDANCE: BECOMING A MAN, YOUTH GUIDANCE: WORKING ON WOMANHOOD, ALL OUR KIN, FOOD CONNECT, AND MRELIEF INTO THE CITY. SINCE 2019 WHEN IT WAS FOUNDED IN ATLANTA, GREENLIGHT ATLANTA HAS IMPORTED CENTER FOR EMPLOYMENT OPPORTUNITIES, THE LITERACY LAB'S LEADING MEN FELLOWSHIP, INNER EXPLORER, AND CAPITAL GOOD FUND INTO THE CITY. SINCE 2020 WHEN IT WAS FOUNDED IN THE TWIN CITIES. GREENLIGHT TWIN CITIES HAS IMPORTED LET EVERYONE ADVANCE WITH DIGNITY AND IRTH INTO THE CITY. SINCE 2021 WHEN IT WAS FOUNDED IN BALTIMORE, GREENLIGHT BALTIMORE HAS IMPORTED POINT SOURCE YOUTH. SINCE 2022 WHEN IT WAS FOUNDED IN GREATER NEWARK, GREENLIGHT GREATER NEWARK HAS IMPORTED EMS CORPS. IN 2023, GREENLIGHT FUND LAUNCHED ITS TWELFTH SITE, CHICAGO, AND BEGAN ITS FIRST SELECTION PROCESS IN 2023. ACROSS GREENLIGHT FUND'S TWELVE LOCATIONS, IN 2023 GREENLIGHT-SUPPORTED ORGANIZATIONS REACHED 387,981 CHILDREN, YOUTH AND FAMILIES WITH THEIR INNOVATIVE PROGRAMS THAT ARE ACHIEVING MEASURABLE RESULTS IN THEIR EFFORTS TO TRANSFORM LIVES.

FORM 990, PART VI, SECTION A, LINE 8B:

GREENLIGHT FUND DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** GREENLIGHT FUND, INC. 20 - 0407083BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY WHEN THEY JOIN THE BOARD AND ANNUALLY ALL BOARD MEMBERS REVIEW AND SIGN THE POLICY AS PART OF THE ANNUAL MEETING. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF THE CHIEF EXECUTIVE OFFICER WAS BASED ON COMPARABILITY DATA AT THE DATE OF HIRE AND IS REVIEWED, BASED ON COMPARABILITY DATA, EVERY FIVE YEARS. IN 2020, GREENLIGHT FUND COMPLETED A SALARY BENCHMARKING STUDY. EACH YEAR THE BOARD CHAIRMAN REVIEWS THE CHIEF EXECUTIVE OFFICER SALARY AND APPROVES THE NEXT YEAR'S SALARY DURING THE ANNUAL PERFORMANCE REVIEW. THE CHIEF EXECUTIVE OFFICER REVIEWS THE COMPENSATION OF THE GREENLIGHT FUND'S OTHER OFFICERS AND KEY EMPLOYEES AND APPROVES THEIR SALARIES FOR THE NEXT YEAR. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: MA, PA, CA, OH, NC, MI, MN, IL, CO, FL, GA, MD, NJ FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ALL LEGALLY REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. OTHER DOCUMENTS INCLUDING GOVERNING POLICIES AND FINANCIAL STATEMENTS ARE CONSIDERED AND PROVIDED UPON REQUEST ON A

Schedule O (Form 990) 2023	Page 2
Name of the organization GREENLIGHT FUND, INC.	Employer identification number 20-0407083
CASE-BY-CASE BASIS.	
CASE-DI-CASE DASIS.	
FORM 990, PART XII, LINE 2C:	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
THIS PROCESS HAS NOT CHANGED FROM THE FRICK TEAR.	

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment 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. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** GREENLIGHT FUND, INC. 20-0407083 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 50 MILK STREET, 16TH FLOOR return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02109 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Is For Return Application Is For Return Code Code Form 4720 (other than individual) Form 990 or Form 990-EZ 01 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of MADHUMITA CHAKRABARTTI 50 MILK STREET, 16TH FLOOR - BOSTON, MA 02109 Telephone No. 617-912-8983 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this $\overline{\ \ }$ and attach a list with the names and TINs of all members the extension is for. . If it is for part of the group, check this box , 20 24 I request an automatic 6-month extension of time until NOVEMBER 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: x calendar year 20 23 or _____ , 20 ____ , and ending ___ tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2024)