Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2021 Open to Public

Department of the Treasury

interr	nai Kevi	venue Service u Go to www.irs.gov/Form990 for instructions and the latest	information.		Inspection		
<u>A</u>	For t	the 2021 calendar year, or tax year beginning , and ending					
В	Check if	f applicable: C Name of organization		D Employer	identification number		
	Address	s change GREAT RIVER GREENING					
П	Name c	Phange Doing business as			**0024		
=		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	e number		
\Box	Initial re Final ref						
	terminate				2 477 500		
	Amende	ed return F Name and address of principal officer:		G Gross reco	eipts \$ 2,477,508		
百	Applicati	tion pending KATERI ROUTH	H(a) Is this a gro	oup return for s	ubordinates? Yes X No		
ш	, ibbiioaii	251 STARKY STREET NO 2200	H(b) Are all sub	ardinatas insli	uded? Yes No		
		SAINT PAUL MN 55107			See instructions		
_	_		-				
		THE COURSE THE COURSE CON	-				
	Websit		H(c) Group exer Year of formation: 1				
	art I		Year of formation: -		M State of legal domicile:		
	1	Briefly describe the organization's mission or most significant activities: GREAT RIVER GREENING INSIPRES, ENGAGES, AND LEADS LOCAL	COMMINITET				
nce		CONSERVING AND CARING FOR THE LAND AND WATER THAT ENRICE					
Governance		CONSERVING AND CARING FOR THE LAND AND WATER THAT ENRICE	H OOK LIVE				
Ne.							
ő	1	Check this box u if the organization discontinued its operations or disposed of more than 25°			25		
∞ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		. 3	<u> 25</u> 25		
ties	4	Number of independent voting members of the governing body (Part VI, line 1b)		. 4	21		
Activities		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			2369		
Ac		Total number of volunteers (estimate if necessary)					
		a Total unrelated business revenue from Part VIII, column (C), line 12			0		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Yea	. 7b	Current Year		
	R	Contributions and grants (Part VIII, line 1h)	2,297		2,183,871		
Revenue	9			,915	293,563		
Ver	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		77	0		
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-14	1,098	-25,671		
	1	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,433				
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		7,200	0		
		Benefits paid to or for members (Part IX, column (A), line 4)			0		
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,175	5,925	1,106,545		
benses		a Professional fundraising fees (Part IX, column (A), line 11e)		,,,,,	0		
ben		Total fundraising expenses (Part IX, column (D), line 25) u 208,730					
Ä		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,108	3,161	1,568,251		
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,284		2,674,796		
	1	Revenue less expenses. Subtract line 18 from line 12		820	-223,033		
or			Beginning of Curr	rent Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,062	2,295	810,466		
t As	21	Total liabilities (Part X, line 26)		2,853	119,463		
PRE	22	Net assets or fund balances. Subtract line 21 from line 20	939	9,442	691,003		
_P	art I	Signature Block					
Uı	nder p	penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen	nts, and to the best	t of my know	wledge and belief, it is		
tru	ue, cor	rrect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowledge				
Sig	jn 💮	Signature of officer		Date			
He	re	KATERI ROUTH EXECU	TIVE DIR	. 202	2		
_		Type or print name and title					
		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN		
Paid	d	NICHOLE FAIRBANKS NICHOLE FAIRBANKS	06/27/	/22 self-em	ployed *******		
	parer	Fillis hane } Innertino on interest & inspecting	Fi	irm's EIN }	**-***2347		
Use	Only	563 PHALEN BLVD					
		Firm's address } SAINT PAUL, MN 55130	PI	hone no.	651-481-1128		

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

Yes

Part III	Statement of Program Ser Check if Schedule O contain	rvice Accomplishments as a response or note to any line in	n this Part III	
1 Briefly	describe the organization's mission:	·		
		SPIRES, ENGAGES AND L		
CONSI	ERVING AND CARING FO	OR THE LAND AND WATER	THAT ENRICH OUR LIV	/ES.
• • • • • • • • • • • • • • • • • • • •				
		program services during the year which w	vere not listed on the	
•		adula O		Yes X No
	s," describe these new services on Sche	ke significant changes in how it conducts,	any program	
service		ne significant changes in now it conducts,		Yes X No
	s," describe these changes on Schedule			
4 Descri	be the organization's program service a	accomplishments for each of its three large	est program services, as measured by	
		ganizations are required to report the amou	unt of grants and allocations to others,	
the tot	al expenses, and revenue, if any, for ea	ach program service reported.		
RIVE MAIN WITH REST(JGH OUR ON-THE-GROUN R GREENING WORKS WIT FAIN THE BIODIVERSIT OUR ECOLOGISTS AND DRED, AND CARE FOR	307,832 including grants of \$ ID PROJECTS, VOLUNTEED TH PARTNERS AND LOCAL TY AND ECOLOGICAL HEAD FIELD CREW, 43,000 V 30,000 ACRES, PLANTED ES OF INVASIVE SPECIE	COMMUNITIES TO REST LTH OF OUR LANDS AND OLUNTEERS HAVE IMPRO 162,000 TREES AND S	TORE AND D WATERS. DVED, SHRUBS, AND
• • • • • • • • • • • • • • • • • • • •				
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4b (Code N/A				
• • • • • • •				
• • • • • • • • • • • • • • • • • • • •				
4c (Code N/A	:) (Expenses \$	including grants of \$) (Revenue \$)
N/. 				
• • • • • • • • • • • • • • • • • • • •				

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• • • • • • • • • • • • • • • • • • • •				
4d Other	program services (Describe on Schedu	le O.)		
		cluding grants of \$) (Revenue \$)
4e Total i	program service expenses u	2,307,832		

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	X	L
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)			х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
5	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 provide advice on the distribution or investment of amounts in such funds or accounts? If			l
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	• • •		
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			1
	debt population conjugacy if "Voc." complete Schodule D. Port 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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а				
_	complete Schodule D. Port VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
~	of its total accepts reported in Dort V. line 460 lf "Vee." complete Cabadyla D. Dort VIII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
·	of its total accepts accepted in Dout V. line 400 If IIVes II accepted a Coloradade D. Dout VIII	11c		x
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
u	reported in Part V. line 162 If "Vee." complete Schedule D. Part IV	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	ł
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
1 2 u	Schedule D, Parts XI and XII	12a	x	
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		x
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			Х
4a	Did the organization maintain an office, employees, or agents outside of the United States?			Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	· · · · · · · · · · · · · · · · · · ·	15		x
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •		16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Port VIII. From Annual Oco Willyon II consolute Only of the O. Port II.	10	X	l
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ_	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20-	If "Yes," complete Schedule G, Part III.			X
20a _	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		_^
b na	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			X) (202

Forn	n 990 (2021) GREAT RIVER GREENING **-***0024		P	age 6
Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
24-	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240		x
h	through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
b	Did the organization mivest any proceeds or tax-exempt bonds beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
С	to defense any toy average harde?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			╁
2 50	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			 -
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	X	<u> </u>
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		T	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			

 $\boldsymbol{c} \quad \text{Did the organization comply with backup withholding rules for reportable payments to vendors and} \\$

reportable gaming (gambling) winnings to prize winners?

1c

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_Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ied)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
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 aut	-				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account, securities account, secu	ccour	t)?	4a		X
b	If "Yes," enter the name of the foreign country ${f u}$					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	counts	s (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	n?		5b		X
C	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					x
L	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	OI		6h		
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ode				
а	and conjugat provided to the payor?			7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1.2		
	required to file Form 8282?			7c		x
d		7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont	ract?		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f		Х
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 organizatio	n file	a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b		
10	Section 501(c)(7) organizations. Enter:					
а		10a				
b	· · · · · · · · · · · · · · · · · · ·	10b		_		
11	Section 501(c)(12) organizations. Enter:	المد				
a		11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources	11h				
12a	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 1	11b		12a		
b		12b		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	. =.7				
а	le the exemination licensed to issue qualified health plane in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С		13c				
14a	Did the expenientian receive any neuments for indeer tenning continue during the toy year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule C			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	ion or				
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	come	?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					1

Form 990 (2021) GREAT RIVER GREENING Page 6 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. X Section A. Governing Body and Management

					Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25									
	If there are material differences in voting rights among members of the governing body, or											
	if the governing body delegated broad authority to an executive committee or similar											
	committee, explain on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent	1b	25									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with											
	any other officer, director, trustee, or key employee?			2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct											
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X						
6	Did the organization have members or stockholders?			6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint											
	one or more members of the governing body?											
b												
	stockholders, or persons other than the governing body?			7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	e following	:								
а	The governing body?				X							
b	Each committee with authority to act on behalf of the governing body?			8b	Х							
9	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					<u> </u>						
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal F	<u>Revenue</u>	Code.)								
					Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			. 10b								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?											
11a												
b												
12a												
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?											
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			40-	v							
40	describe on Schedule O how this was done				X							
13	Did the organization have a written whistleblower policy?				X							
14	Did the organization have a written document retention and destruction policy?			14	Λ							
15	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?											
_				45-	х							
a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			15a 15b	<u> </u>	x						
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			130		21						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement											
IVa	with a tayable entity during the year?			16a		х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			10a								
b	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								
Sec	tion C. Disclosure			100								
17	List the states with which a copy of this Form 990 is required to be filed u MN											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (sec											
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		` '									
	X Own website Another's website X Upon request Other (explain on Schedule O)											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	st polic	cy, and									
-	financial statements available to the public during the tax year.		•• •									
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s u										
	TERI ROUTH 251 STARKEY STREET											
SZ	AINT PAUL MN 5510	7	6	51-66	5-9	500						

Form **990** (2021)

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 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the org.						ion comp	pensated any current officer	, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle	Pos check ess pe	more erson i directo	than one s both an or/trustee) Highest compensated employee	(D) Reportable compensation from the organization (W-2/1099-NISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) KATERI ROUTH	40.00								
	40.00	.							
EXECUTIVE DIR. 2022	0.00	+		X			78,705	0	2,472
(2) KEITH PARKER									
• • • • • • • • • • • • • • • • • • • •	40.00	.							
EXECUTIVE DIR. 2021	0.00	1		X			137,500	0	9,205
(3) REED WATSON									
	1.00							_	_
PRESIDENT	0.00	X		X			0	0	0
(4) KATHY MCCUSKEY									
	1.00							_	_
VICE PRESIDENT	0.00	X		X			0	0	0
(5) BARRY HOFER									
	1.00	.							_
TREASURER	0.00	X		X			0	0	C
(6) NICOLE STRAIT									
	1.00							_	_
SECRETARY	0.00	X		X			0	0	С
(7) DARRIN AHRENS									
	1.00	.							
BOARD MEMBER	0.00	X					0	0	С
(8) JEFF ARNESON	1								
	1.00	.							_
BOARD MEMBER	0.00	X					0	0	С
(9) DICK BARNES									
	1.00							_	_
BOARD MEMBER	0.00	X				$oxed{oxed}$	0	0	С
(10) HEIDI BENEDICT									
	1.00	.					_	_	_
BOARD MEMBER	0.00	X	ļ				0	0	0
(11) LAURA BETKER									
	1.00								
BOARD MEMBER	0.00	X		1	1	1	0	0	0

Part VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle	Pos check ess pe	rson i	than construction of the state	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	orę	(F) imated a of otheompense from the ganization ed organ	er ation ne	;
(12) BRENDA BOEHLE	R 1.00												
BOARD MEMBER	0.00	x						0	0				0
(13) THOMAS BRAUN	1 00												
BOARD MEMEBR	1.00	x						o	0				0
(14) JEFF BURNETT	0.00	1											
	1.00												
BOARD MEMBER	0.00	X						0	0				0
(15) PHIL CATTANAC	1.00												
BOARD MEMBER	0.00	x						o	0				0
(16) FRANK ELSENBA		† 											
	1.00												
BOARD MEMEBER	0.00	X						0	0				0
(17) TRACY EVERS	1.00												
BOARD MEMBER	0.00	$ \mathbf{x} $						ol	0				0
(18) FRANK FORSBER													
	1.00												
BOARD MEMBER	0.00	X						0	0				0
(19) KATHERINE GRA	1.00												
BOARD MEMBER	0.00	x						ol	0				0
1b Subtotal	1						u	216,205	-		1	L1,6	
c Total from continuation shee	•						u						
d Total (add lines 1b and 1c)							u	216,205	2400.000 - (L1,6	577
2 Total number of individuals (increportable compensation from				inose	e iisto	ed ar	oove) who received more than \$	5100,000 OT				
·	<u> </u>									Г		Yes	No
3 Did the organization list any fo employee on line 1a? If "Yes,"											3		х
4 For any individual listed on line	e 1a, is the sum	of re	porta	able	com	pens	ation	n and other compensation fr	om the				
organization and related organ											4		х
individual5 Did any person listed on line 1	la receive or acc	rue (comp	ensa	ation	from	any	y unrelated organization or i	individual	•••••	-		
for services rendered to the or		es,"	com	olete	Sch	edule	Jf	or such person		<u> </u>	5		Х
Section B. Independent Contractor 1 Complete this table for your five		2000	tod i	adon	onde	ont o	ontro	actors that resolved more th	on \$100,000 of				
compensation from the organiz	zation. Report co							ar year ending with or within	the organization's tax yea	ır.			
Name and	(A) business address								(B) ion of services		Cor	(C) npensatio	on
MINNESOTA NATIVE LAN					874	0 7		H ST NE					
OTSEGO LANDBRIDGE ECOLOGICA		5	53		670	1 177	_	RESTORATION ALIA ST				830	<u>,428</u>
ST PAUL		г 5	51		<i>.,</i> (· VI		RESTORATION				131	,292
NATIVE RESOURCES PRE					260	WI	_	WORTH AVE E					,
WEST ST PAUL MN 55118 RESTORATION								111	, 797				
2 Total number of independent of								e listed above) who					
received more than \$100,000	ot compensation	tron	n the	orga	aniza	ation	u		3				

FOIII 990 (20	OZI) GREAT	KIVEK	GKEENTIN
Part VIII	Statemen	t of Rever	nue

		Check if	Sche	edule O cont	ains a	respo	nse or note	to any line in this	s Part VIII		
						•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts t	1a	Federated camp	aigns		1a						
ira Su	b	Membership due			1b						
Α. ΘΕ	c	Fundraising ever	nts		1c		110,705				
iifts ar /	١	Related organiza			1d						
פֿיַּ	۵	Government grants (co		c)	1e	1	,591,488				
Sis	f	All other contributions,			10	_					
ž je		and similar amounts no	t included	d above	1f		481,678				
흕물	g				1g	¢.					
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f Total. Add lines						2,183,871			
<u>0 8</u>	n	Total. Add lines	1a-11					2,103,071			
				_			Business Code	293,563	293,563		
/ice	2a	Program Se						293,303	293,363		
Program Service Revenue	b	• • • • • • • • • • • • • • • • • • • •									
E	ا ا	• • • • • • • • • • • • • • • • • • • •									
Age of the second	a										
P	ء ا	All other program									
		. •						293,563			
_	<u>g</u> 3	Total. Add lines Investment incor						255,505			
	4	other similar am	ouriis) octmon	t of tax exemp	t bond	nrocood					
	5	Royalties				•					
	"	Noyalles		(i) Real) Personal				
	6a	Gross rents	6a	(i) redui		(",	, i disorial				
	b	Less: rental expenses	6b				-				
		·	6c								
	d	Rental inc. or (loss) Net rental incom		200)		<u> </u>					
		Gross amount from	e 01 (10	(i) Securitie			(ii) Other				
		sales of assets	70	(i) Gecunie		 	(ii) Other				
ø	b	other than inventory	7a			+					
Ž	"		7h								
e		basis and sales exps.	7b 7c								
Other Revenue	١.	Gain or (loss)									
ţ	d	Net gain or (loss Gross income from					u				
0	Oa	(not including \$		110,705							
		of contributions rep									
		1c). See Part IV, lin			8a						
	b				8b		25,745				
	C	Net income or (I				l		-25,745			
		Gross income from		_	EVENIS	Γ	u	25,715			
	эа	activities. See Pa			9a						
	h	Less: direct expe			9b		-				
	1						.,				
	1	Gross sales of in			VILIES .		u				
	Iva	returns and allow			10a						
	h	Less: cost of goo			10b		-				
	I	Net income or (le					u				
		. 1.511001110 01 (11	200, 110	56,00 01 1110	o . y		Business Code				
sno .	11a	Other Reve	nue					74	74		
ane nue	b	*									
Se Se	c										
Miscellaneous Revenue	d	All other revenue									
_		Total. Add lines						74			
	•	Total revenue					11	2,451,763	293,637	0	0

Page **10**

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 (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 172,214 trustees, and key employees 227,883 22,595 33,074 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 721,744 544,777 72,341 104,626 Pension plan accruals and contributions (include 15,055 1,512 11,361 2,182 section 401(k) and 403(b) employer contributions) Other employee benefits 57,4904,91644,103 8,471 84,373 63,702 8,437 12,234 Payroll taxes Fees for services (nonemployees): a Management **b** Legal c Accounting Professional fundraising services. See Part IV, line 17 Investment management fees **g** Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 63,222 31,353 21,760 10,109 12 Advertising and promotion 45,364 15,605 10,998 18,761 Office expenses 13 Information technology 14 Royalties 15 57,813 43,684 5,767 8,362 16 Occupancy 18,401 15,484 1,190 1,727 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 14,397 9,987 1,800 2,610 Depreciation, depletion, and amortization 22 14, 15618,750 1,875 2,719 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 279 a CONTRACT SERVICES 1,163,890 1,163,027 584 136,588 136,588 RESTORATION MATERIALS 35,103 32,805 1,050 1,248 FIELD SUPPLIES 1,221 8,680 6,617 842 TELEPHONE 6,0432,3692,567 e All other expenses 1,107 2,674,796 2,307,832 158,234 208,730 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 **u** following SOP 98-2 (ASC 958-720) ...

Form 990 (2021) GREAT RIVER GREENING Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to any line	in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			419,574	2	401,385
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			592,554	4	377,902
	5	Loans and other receivables from any current or form					
		trustee, key employee, creator or founder, substantia	I contributor,	or 35%			
		controlled entity or family member of any of these pe		5			
	6	Loans and other receivables from other disqualified p					
S		under section 4958(f)(1)), and persons described in	(c)(3)(B)		6		
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use		1		8	
	9	Prepaid expenses and deferred charges		L	14,450	9	9,858
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	325,953			
	b	Less: accumulated depreciation	401	304,632	35 , 717	10c	21,321
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line			1,062,295	16	810,466
	17	Accounts payable and accrued expenses			95,658	17	90,769
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part I	V of Schedule	e D		21	
န္မ	22	Loans and other payables to any current or former of	fficer, director	,			
ı≝		trustee, key employee, creator or founder, substantia	I contributor,	or 35%			
Liabilities		controlled entity or family member of any of these pe				22	
-1	23	Secured mortgages and notes payable to unrelated t	third parties			23	
	24	Unsecured notes and loans payable to unrelated thir	d parties			24	
	25	Other liabilities (including federal income tax, payable	es to related t	third			
		parties, and other liabilities not included on lines 17-2	24). Complete	Part X			
		of Schedule D			27,195	25	28,694
\rightarrow	26	Total liabilities. Add lines 17 through 25			122,853	26	119,463
,,		Organizations that follow FASB ASC 958, check	here u X				
<u>8</u>		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			662,065	27	582,243
ĕ	28	Net assets with donor restrictions		<u></u> ,	277,377	28	108,760
盲		Organizations that do not follow FASB ASC 958,	check here	u 📙 👚 📗			
Net Assets or Fund Balances		and complete lines 29 through 33.					
0	29					29	
set	30	Paid-in or capital surplus, or land, building, or equipment				30	
As	31	Retained earnings, endowment, accumulated income			000 410	31	
Net	32	Total net assets or fund balances			939,442	32	691,003
	33	Total liabilities and net assets/fund balances			1,062,295	33	810,466

Form **990** (2021)

Pa	art XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,4	51,	763				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,6						
3	Revenue less expenses. Subtract line 2 from line 1	3			033				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9.	39,4	442				
5	Net unrealized gains (losses) on investments 5								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8	<u>-:</u>	25,4	406				
9	Other changes in net assets or fund balances (explain on Schedule O)	9							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))	10	6:	91,	003				
Pa	art XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII			<u>.</u>	<u>. Ш.</u>				
				Yes	No				
1	Accounting method used to prepare the Form 990:		_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on								
	Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or								
	reviewed on a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a								
	separate basis, consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of								
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on								
	Schedule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Single Audit Act and OMB Circular A-133?		. 3a		X				
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		. 3b						

Form **990** (2021)

Part VII Section A. Officers	, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)			
(A) Name and title	(C) Position (do not check more than or box, unless person is both officer and a director/truster per week (list any hours for list any hours for list and l					is both or/trust	an ee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/		(F) stimated amo of other compensatior from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)		organization a ated organiza	
(20) JOHN HICKEY	1.00											
BOARD MEMBER	0.00	X						0	0			0
(21) BOBBY JENSEN	1 00											
BOARD MEMBER	1.00	x						0	o			0
	ECKI											
DOIDD MEMBER	1.00											0
BOARD MEMBER (23) JULIE MADAY	0.00	X						0	0			U
	1.00											
BOARD MEMBER	0.00	X						0	0			0
(24) HAL REYNOLDS	1.00											
BOARD MEMBER	0.00	x						0	0			0
(25) JT SCHUWEILER	1											
BOARD MEMBER	1.00	x						0	0			0
(26) KIMBERLY SCOT		1							0			
BOARD MEMBER	1.00	x						0	0			0
(27) CHRIS SMITH	1.00											
BOARD MEMBER	0.00	\mathbf{x}						0	0			0
1b Subtotal							u					
c Total from continuation she	•											
d Total (add lines 1b and 1c) . Total number of individuals (inc.)							u oove) who received more than S	L \$100.000 of			
reportable compensation from												a I Na
3 Did the organization list any fo	rmer officer. dir	ector	. trus	stee.	kev	emp	love	e. or highest compensated			Ye	es No
employee on line 1a? If "Yes,"	' complete Sched	dule .	J for	such	ind	ividu:	aľ		the		3	
4 For any individual listed on line organization and related organ												
individual5 Did any person listed on line 1						from		v uprolated organization or	individual		4	
for services rendered to the or											5	
Section B. Independent Contractor												
1 Complete this table for your five compensation from the organization										ar.		
Name and	(A) I business address	·						Descript	(B) tion of services		(C Compe	c) nsation
							<u> </u>					
2 Total number of independent of								e listed above) who				

Part VII

(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe	rson i	than costs both	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estimated amount of other compensation					
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	org	from the ganization and organ	ne n and				
(28) TOM TESSMAN	1.00															
BOARD MEMBER	0.00	X						0	0				0			
· · · · · · · · · · · · · · · · · · ·																
1b Subtotal							u u									
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	cluding but not li	 mited		<u>.</u>			u	e) who received more than S	\$100,000 of							
	-											Yes	No			
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on lin 	complete Schede 1a, is the sum	<i>ule</i> of re	<i>l for</i> porta	<i>such</i> able	ind com	i <i>vidua</i> pens	al atior	n and other compensation fi			3					
organization and related organization and related organization and related organization.											4					
5 Did any person listed on line for services rendered to the or											5					
Section B. Independent Contractor	ors															
1 Complete this table for your fi compensation from the organi	zation. Report co							ar year ending with or within	n the organization's tax yea	ar.						
Name and	(A) d business address							Descrip	(B) tion of services		Con	(C) npensation	<u>n</u>			
2 Total number of independent received more than \$100,000								e listed above) who		\neg						
DAA	o. compensation	11011		. org	JI 1140	AUUII	u				Form	990	(2021)			

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

(C)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

GREAT RIVER GREENING

Employer identification number **-***0024

Pa	art I	Reas	on for Public Charity	Status. (All organizations	must c	complete	e this part.) See instruction	ns.					
The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, ch	eck only	one box.)	ı						
1		A church, coi	nvention of churches, or asso	ociation of churches described in	section	170(b)(1)(A)(i).						
2				A)(ii). (Attach Schedule E (Form									
3				ce organization described in sec		(h)/1)/Δ)/i	iii)						
1	\vdash	•		in conjunction with a hospital de			•	enital's nama					
7	ш		- · · · · · · · · · · · · · · · · · · ·	in conjunction with a nospital of	escribed	iii Sectio	Tro(b)(T)(A)(III). Liner the fic	ospitars riame,					
_	\Box	city, and state											
5	Ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	\Box		(b)(1)(A)(iv). (Complete Part	•									
6		· ·		overnmental unit described in se									
7	X												
		described in	section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8	Ш	A community	trust described in section 1	1 70(b)(1)(A)(vi). (Complete Part	II.)								
9		An agricultura	al research organization desc	cribed in section 170(b)(1)(A)(ix	() operate	ed in conj	unction with a land-grant colleg	е					
		or university	or a non-land-grant college o	f agriculture (see instructions). E	nter the r	name, city	, and state of the college or						
		university:											
10		An organizati	on that normally receives (1)	more than 33 1/3% of its support	ort from co	ontribution	ns, membership fees, and gross	;					
		receipts from	activities related to its exemple	pt functions, subject to certain ex	ceptions;	and (2) I	no more than 331/3% of its						
			•	d unrelated business taxable inc	•		•						
		acquired by the	he organization after June 30), 1975. See section 509(a)(2).	(Complet	e Part III.)						
11		An organizati	on organized and operated e	exclusively to test for public safet	y. See s e	ection 50	9(a)(4).						
12		An organization	on organized and operated e	exclusively for the benefit of, to pe	erform the	e function	s of, or to carry out the purpose	es of					
		one or more	publicly supported organization	ons described in section 509(a)	(1) or sec	ction 509	(a)(2). See section 509(a)(3).	Check					
		the box on lin	nes 12a through 12d that des	scribes the type of supporting org	ganization	and com	plete lines 12e, 12f, and 12g.						
	а	Type I. A	supporting organization ope	erated, supervised, or controlled	by its sup	ported o	rganization(s), typically by giving	9					
		the suppo	orted organization(s) the pow	er to regularly appoint or elect a	majority	of the dire	ectors or trustees of the						
		supporting	g organization. You must co	omplete Part IV, Sections A ar	nd B.								
	b	Type II.	A supporting organization sup	pervised or controlled in connect	ion with i	ts suppor	ted organization(s), by having						
		control or	management of the support	ing organization vested in the sa	ame perso	ons that c	control or manage the supported	d					
		organizati	ion(s). You must complete	Part IV, Sections A and C.									
	С	Type III	functionally integrated. A s	supporting organization operated	in conne	ction with	, and functionally integrated wit	h,					
		its suppo	rted organization(s) (see ins	tructions). You must complete	Part IV, S	Sections	A, D, and E.						
	d	Type III	non-functionally integrated	 A supporting organization open 	rated in c	onnection	with its supported organization	n(s)					
		that is no	t functionally integrated. The	organization generally must sat	isfy a dis	tribution r	equirement and an attentivenes	S					
		requireme	ent (see instructions). You m	nust complete Part IV, Section	s A and	D, and P	art V.						
	е		ŭ .	eived a written determination from			a Type I, Type II, Type III						
				n-functionally integrated supporti	ng organi	zation.							
	f		nber of supported organization										
	g	Provide the fo	ollowing information about th	e supported organization(s).									
(i	•	e of supported	(ii) EIN	(iii) Type of organization	1	organization	(v) Amount of monetary	(vi) Amount of					
	org	ganization		(described on lines 1–10		ur governing	support (see	other support (see					
				above (see instructions))		ment?	instructions)	instructions)					
					Yes	No							
(A)													
(B)													
(C)													
(D)													
(-)													
(E)													
(=)													
T													
Tota	UI .						İ						

Schedule A (Form 990) 2021

GREAT RIVER GREENING

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2,269,899 1,871,905 2,785,714 2,297,012 2,183,871 11,408,401 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 2,269,899 1,871,905 2,785,714 2,297,012 2,183,871 11,408,401 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 141,832 Public support. Subtract line 5 from line 4 11,266,569 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (f) Total (d) 2020 (e) 2021 Amounts from line 4 2,785,714 2,269,899 1,871,905 2,297,012 2,183,871 11,408,401 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 **Total support.** Add lines 7 through 10 11,408,401 Gross receipts from related activities, etc. (see instructions) 12 12 786,228 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ... Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 98.76% 14 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 99.99% 33 1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Name of the organization

u Attach to Form 990 or Form 990-PF. u Go to www.irs.gov/Form990 for the latest information.

Employer identification number

GREAT RIVER G	**-***0024									
Organization type (check one	e):									
Filers of:	Section:									
Form 990 or 990-EZ										
	4947(a)(1) nonexempt charitable trust not treated as a private foundation									
	527 political organization									
Form 990-PF										
	4947(a)(1) nonexempt charitable trust treated as a private foundation									
	501(c)(3) taxable private foundation									
	overed by the General Rule or a Special Rule .), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	See								
General Rule										
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,0 property) from any one contributor. Complete Parts I and II. See instructions for determining tributions.									
Special Rules										
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.										
contributor, during the literary, or educational	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific purposes, or for the prevention of cruelty to children or animals. Complete Parts I (enterinstead of the contributor name and address), II, and III.	C,								
"N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose, Don't complete any of the parts unless the										

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

General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

Schedule B (Form 990) (2021)

Page **2**

Name of organization

GREAT RIVER GREENING

Employer identification number **-***0024

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STATE OF MINNESOTA DEPARTMENT OF NATURAL RESOURCES 500 LAFAYETTE ROAD SAINT PAUL MN 55115	\$ 1,309,760	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Internal Revenue Service

Supplemental Financial Statements u 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. u Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number

G	REAT RIVER GREENING		**-***0024					
Pa	rt I Organizations Maintaining Donor Advised Fur		Accounts.					
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 6.						
		(a) Donor advised funds	(b) Funds and other accounts					
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 writing that	the assets held in donor advised	<u></u>					
	funds are the organization's property, subject to the organization's exclu-	sive legal control?	Yes No					
6	Did the organization inform all grantees, donors, and donor advisors in v							
	only for charitable purposes and not for the benefit of the donor or dono	r advisor, or for any other purpose						
	conferring impermissible private benefit?		Yes No					
Pa	rt II Conservation Easements.							
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization (check a	all that apply).						
	Preservation of land for public use (for example, recreation or education of land for public use)	ation) Preservation of a historically	important land area					
	Protection of natural habitat	Preservation of a certified hi	storic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a conse	rvation					
	easement on the last day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements							
С	Number of conservation easements on a certified historic structure inclu	ded in (a)	2c					
d	Number of conservation easements included in (c) acquired after 7/25/0							
	historia atmestera listed in the National Degister		2d					
3	Number of conservation easements modified, transferred, released, exti		ion during the					
	tax year u	, ,	ŭ					
4	Number of states where property subject to conservation easement is lo	ocated u						
5	Does the organization have a written policy regarding the periodic moni							
-	violations, and enforcement of the conservation easements it holds?		☐ Yes ☐ No					
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of							
•	ug,g,g,	g						
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	ations, and enforcing conservation easem	ents during the year					
•	u\$	alone, and emercing conservation eacons	one during the year					
8	Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section 170(h)(4)(B)(i)						
Ū	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservation easeme	nts in its revenue and expense statement	t and					
•	balance sheet, and include, if applicable, the text of the footnote to the							
	organization's accounting for conservation easements.							
Pa	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar Assets.					
	Complete if the organization answered "Yes" on F							
1a	If the organization elected, as permitted under FASB ASC 958, not to re	port in its revenue statement and balance	e sheet works					
	of art, historical treasures, or other similar assets held for public exhibition	•						
	service, provide in Part XIII the text of the footnote to its financial statem	nents that describes these items.	•					
b	If the organization elected, as permitted under FASB ASC 958, to report		eet works of					
	art, historical treasures, or other similar assets held for public exhibition,							
	provide the following amounts relating to these items:		•					
	(i) Revenue included on Form 990, Part VIII, line 1		u \$					
			_					
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pro	vide the					
_	following amounts required to be reported under FASB ASC 958 relating							
а	Revenue included on Form 990, Part VIII, line 1		u \$					
b	Assets included in Form 990, Part X		u \$					

Schedule D (Form 990) 2021 GREAT R			_		0024			age z
Part III Organizations Maintaini	_					sets (contir	nued)	
3 Using the organization's acquisition, access collection items (check all that apply):	sion, and other records	, check any of the fo	llowing that ma	ake significant u	use of its			
a Public exhibition	d 🗌	Loan or exchange p	rogram					
b Scholarly research	е	Other						
c Preservation for future generations	_							
4 Provide a description of the organization's	collections and explain	how they further the	organization's	exempt purpos	se in Part			
XIII.	·	•	Ü					
5 During the year, did the organization solici	t or receive donations of	of art, historical treasu	ures, or other s	similar			_	_
assets to be sold to raise funds rather tha	n to be maintained as p	art of the organizatio	n's collection?			Y	es	No
Part IV Escrow and Custodial								
Complete if the organizati	on answered "Yes'	' on Form 990, P	art IV, line	9, or reporte	d an amo	unt on Forr	n	
990, Part X, line 21.								
1a Is the organization an agent, trustee, custo	odian or other intermedi	ary for contributions	or other assets	not				_
included on Form 990, Part X?						Y	es	No
b If "Yes," explain the arrangement in Part X						<u>—</u>		_
	·	· ·				Amour	nt	
c Beginning balance					1c			
d Additions during the year								
e Distributions during the year								
f Ending balance	F 000 Pt V I'	04. (T
2a Did the organization include an amount or							es _	No
b If "Yes," explain the arrangement in Part X	III. Check here if the ex	pianation has been p	rovided on Pa	π ΧΙΙΙ				
Part V Endowment Funds.	1.607		N. / P	40				
Complete if the organization						<u> </u>		
	(a) Current year	(b) Prior year	(c) Two ye	ars back (d	d) Three years b	ack (e) For	ır years	back
1a Beginning of year balance								
b Contributions								
c Net investment earnings, gains, and								
losses								
d Grants or scholarships								
e Other expenditures for facilities and								
programs								
f Administrative expenses								
g End of year balance								
		(line 1g column (a))	hold oo:					
'	•	e (iiile 1g, coluitiii (a),	rieiu as.					
a Board designated or quasi-endowment u								
b Permanent endowment u	%							
c Term endowment u %								
The percentages on lines 2a, 2b, and 2c s	•							
3a Are there endowment funds not in the pos	session of the organiza	tion that are held and	d administered	for the				
organization by:							Yes	No
(i) Unrelated organizations						3a(i)		
(ii) Related organizations						3a(ii)		
b If "Yes" on line 3a(ii), are the related organ	nizations listed as requir	ed on Schedule R?				3b		
4 Describe in Part XIII the intended uses of								
Part VI Land, Buildings, and E	quipment.							
Complete if the organizati	on answered "Yes"	on Form 990, P	art IV, line	11a. See Fo	rm 990, P	art X, line	10.	
Description of property	(a) Cost or other		or other basis	(c) Accum		(d) Bool		
	(investment)	(0	ther)	deprecia	ation			
1a Land								
la Dividalità de								
•								
c Leasehold improvements			325,953	2,	04,632		21,	3 2 1
d Equipment			J4J,333	3	J-,UJ4		<u>41,</u>	J Z I
e Other		V column (B) line 4	00.1				21,	201
iotai. Aud illies la tillough le. (Column (a) mus	sı e yuai Fülli 990, Pall	Λ , column (D), line 1	<i>UU.)</i>		u		41	J∠⊥

Schedule D (F	orm 990) 2021 GREAT RIVER GREENING		0024	Page
Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on	Form 000 Part IV lin	a 11h Saa Farm 000 Pr	art V line 12
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-year	market value
(1) Financial	derivatives			
(2) Closely he	eld equity interests			
(B)				
(1.1)				
	n /h) must squal Form 000 Port V sol /P) line 42)			
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.)u Investments – Program Related.			
I alt VIII	Complete if the organization answered "Yes" on	Form 990 Part IV lin	e 11c See Form 990 Pa	art X line 13
	(a) Description of investment	(b) Book value	(c) Method of	
	()	(,,	Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)u			
Part IX	Other Assets.	Form 000 Port IV lin	- 11d Coo Form 000 D	ant V line 45
	Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, III	e 11a. See Form 990, Pa	(b) Book value
(1)	(a) Description			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	. , , , , , , , , , , , , , , , , , , ,		u	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, lin	e 11e or 11f. See Form	990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal	income taxes			
(2) DEFER	RRED RENT			28,69
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			+	
(9)	n (b) must equal Form 990, Part X, col. (B) line 25.)			28,69
i Utali (UUIUIIII	n (v) must c quar r omn 330, Falt ∧, t∪l. (D) IIII C 20.)		u	20,09

Sche	edule D (Form 990) 2021 GREAT RIVER GREENING	**-	-***0024	Page
Pa	art XI Reconciliation of Revenue per Audited Financial St	atements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,451,763
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
С		2c		
d		2d		
е			2e	
3	Subtract line 2e from line 1			2,451,763
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,451,763
Pa	art XII Reconciliation of Expenses per Audited Financial S	•	nses per Return.	
	Complete if the organization answered "Yes" on Form S	990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	2,674,796
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С				
d				
е			2e	
3	Subtract line 2e from line 1			2,674,796
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b				
С	Add lines 4a and 4b			
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,674,796
_	wt VIII Complemental Information			

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

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

Part X - FIN 48 Footnote

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND MINNESOTA STATUTE 290.05. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(3) OF THE INTERNAL REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) FOR ANY UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAX AUTHORITIES. FEDERAL AND STATE TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE THE CURRENT AND THREE PREVIOUS YEARS OF INCOME TAX RETURNS. THE ORGANIZATION IS NOT CURRENTLY UNDER EXAMINATION BY

Schedule D (F	Form 990) 2021	GREAT	RIVER	GREENING		**-**	0024	Page 5
Part XIII	Supplemen	ntal Inform	nation (con	tinued)				
			, , ,	,				
ANY T	AXING JU	RISDICT	ION.					

SCHEDULE G (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

 \boldsymbol{u} Attach to Form 990 or Form 990-EZ. $\begin{tabular}{lll} \textbf{u} \ \textbf{Go to} \ \textit{www.irs.gov/Form990} \ \ \textbf{for instructions and the latest information.} \end{tabular}$

ame of the organization GREAT RIVER GREEN	ING				Employer identificat	
Part I Fundraising Activities. Complete Form 990-EZ filers are not required				red "Yes" on Form 9	990, Part IV, line	17.
1 Indicate whether the organization raised funds through				Check all that apply.		
a Mail solicitations	e Solicitation	of no	n-gov	ernment grants		
b Internet and email solicitations	f Solicitation		_	-		
c Phone solicitations	g Special fur	-		-		
d In-person solicitations	3					
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or enti					,	Yes No
b If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization.	(fundraisers) pursuar			ents under which the fur	ndraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise cust	id fund- r have ody or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
•						
5						
6						
7						
8						
9						
0						
otal						
List all states in which the organization is registered o registration or licensing.		ontribu	tions (or has been notified it is	exempt from	1

GREAT RIVER GREENING **-***0024 Schedule G (Form 990) 2021 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events **GALA** None (add col. (a) through col. (c)) (event type) (event type) (total number) 110,705 110,705 Gross receipts 110,705 110,705 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 25,745 25,745 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses % 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sche	dule G (Form 990) 2021	GREAT	RIVER	GREENING	*	**-***0024				Page 🤅	3
11	Does the organization cor	nduct gaming	activities with	nonmembers?				Т	Yes	N	- 0
12	=				of a partnership or other entity			_			
	-	-					ſ		Yes	\square N	o
13	Indicate the percentage of						[ш	
a			•			1	13a			%	
	An autoida facility					<u> </u>					_
b	An outside facility					U	3b			%	-
14		ess of the pers	son who prep	pares the organization's	gaming/special events books	and					
	records:										
	Name u										
	Address u										
15a	Does the organization hav	e a contract v	vith a third pa	arty from whom the org	anization receives gaming						
	revenue?						ſ	\Box	Yes	\square_{N}	o
h	If "Yes" enter the amount	of gaming rev	enue receive	ed by the organization	u \$	and the	٠ د	_		ш	
	amount of gaming revenue					and the					
_	If "Yes," enter name and a			γ α Ψ							
C	ii res, entername and a	address of the	triira party:								
	Nama II										
	Name u										
	Address u										
16	Gaming manager informa	tion:									
	Name u										
	Gaming manager comper	nsation ${f u}$ ${f \$}$.									
	Description of services pro	ovided \mathbf{u}_{\dots}									
	Director/officer	☐ Emp	loyee	Independent	contractor						
	Director/officer		loyee	Шпасрепасти	Contractor						
17	Mandatory distributions:										
a	•	d under state	law to make	charitable distributions	from the gaming proceeds to						
-					0 01		ſ	\neg	Yes	\square N	^
h	Enter the amount of distrib		d under state	to be distributed	to other exempt organizations of		ا		163	□"	٠
D					·	ונ					
	spent in the organization's					Ol! /:::\	-1 (-)-				-
Pa					ns required by Part I, line				a		
			, 15b, 15c	, 16, and 17b, as	applicable. Also provide a	any additional informa	ation.				
	See instructi	ions.									_
											•
											•

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service u Attach to Form 990 or Form 990-EZ. u Go to www.irs.gov/Form990 for the latest information.

Name of the organization

GREAT RIVER GREENING

Employer identification number **-***0024

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE 990 WILL BE PRESENTED TO THE FINANCE COMMITTEE. AFTER REVIEWING, THE

FINANCE COMMITTEE WILL RECOMMEND THE 990 TO THE BOARD OF DIRECTORS FOR FULL

BOARD APPROVAL BEFORE FILLING.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

THE BOARD OF DIRECTORS AND OFFICERS ARE REQUIRED ANNUALLY TO FILL OUT A

CONFLICT OF INTEREST QUESTIONNAIRE AND TO SIGN A STATEMENT AGREEING TO THE

POLICY. THIS IS REVIEWED BY THE DIRECTOR OF FINANCE AND ADMINISTRATION AND

THE FINANCE COMMITTEE OF THE BOARD. IF THERE ARE ANY CONFLICTS THE BOARD

MEMBERS WILL DISCUSS TO DETERMINE IF THERE ARE ANY ISSUES. BOARD MEMBERS

ARE REQUIRED TO TAKE CERTAIN STEPS IF THERE IS A CONFLICT OF INTEREST, SUCH

AS RECUSING THEMSELVES FROM RELATED VOTES.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE EXECUTIVE
COMMITTEE OF THE BOARD OF DIRECTORS AND APPROVED BY THE FULL BOARD OF
DIRECTORS. AS PART OF THE PROCESS THEY REFERENCE THE SALARIES OF SIMILAR
EXECUTIVE DIRECTORS USING SUCH REPORTS AS THAT FROM THE MN COUNCIL OF NON
PROFITS. THE BOARD CHAIR SIGNS THE MEMO APPROVING THE FINAL SALARY. THE
DIRECTOR OF FINANCE AND ADMINSTRATION'S SALARY IS REVIEWED AND APPROVED BY
THE EXECUTIVE DIRECTOR, ALSO REFERNCING THE MNCM SALARY REPORT.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation DOCUMENTS ARE AVAILABLE UPON REQUEST

Mail To:

Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Website Address:

www.ag.state.mn.us/charity

STATE OF MINNESOTA

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information			
Legal Name of Organization GREAT RIVER GREENING			
Federal EIN: **-***0024	Fiscal Year-End: 12/31/2021		
	mm/dd/yyyy		
	Did the organization's fiscal year-end change? Yes X No		
ailing Address: Physical Address:			
KATERI ROUTH KATERI ROUTH			
Contact Person Contact Person			
251 STARKEY STREET NO. 2200	251 STARKEY STREET NO. 2200		
Street Address	Street Address		
SAINT PAUL MN 55107 SAINT PAUL MN			
City, State, and Zip Code	SAINT PAUL MN 55107 City, State, and Zip Code		
CE1 CCE 0E00			
651-665-9500 Phone Number	651-665-9500 Phone Number		
Flidite Nullibei	Friorie Number		
KROUTH@GREATRIVERGREENING.ORG	_ KROUTH@GREATRIVERGREENING.ORG		
Email Address	Email Address		
Organization's website: <u>WWW.GREATRIVERGREENI</u> List all of the organization's alternate and former names (a	ttach list if more space is needed).		
3. List all names under which the organization solicits contrib GREAT RIVER GREENING	utions (attach list if more space is needed).		
4. Is the organization incorporated pursuant to Minn. Stat. ch	. 317A? 🕱 Yes 🗌 No		
5. Total amount of contributions the organization received from Minnesota donors: \$			
6. Has the organization's tax-exempt status with the IRS changed? Yes X No If yes, attach explanation.			
7. Has the organization significantly changed its purpose(s) of Yes X No If yes, attach explanation.	or program(s)?		

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8.	Has the organization been denied the right to solicit contributions by any court or government agency? Yes X No If yes, attach explanation.				
9.	Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes X No				
If yes, provide the following information for each (attach list if more space is needed):					
	Name of Professional Fundraiser	Compensation			
	Street Address	City, State, and Zip Code			
10.	O. Is the organization a food shelf? Yes No If yes, is the organization required to file an audit? Yes, audit attached No Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.				
11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? X Yes No					
	If yes, provide the following information for the five highest paid individuals:				
	Name and title	Compensation*	Other compensation		
	KEITH PARKER EXECUTIVE DIR 2021	137,500	9,205		

^{*}Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME	
1. Contributions Received	\$ 592,383 1
2. Government Grants	\$ 1,591,488 2
3. Program Service Revenue	293,563 3
4. Other Revenue	\$ -25,671 4
5. TOTAL INCOME	\$ 2,451,763 5
EXPENSES	
6. Program Expenses	\$ 2,307,832 6
7. Management & General Expenses	\$ 158,234 7
8. Fund-raising Expenses	\$ 208,730 8
9. TOTAL EXPENSES	\$ 2,674,796 9
10. EXCESS or DEFICIT (Line 5 minus Line 9)	\$ -223,033 ₁₀
ASSETS	
11. Cash	401,385 11
12. Land, Buildings & Equipment	21,321 12
13. Other Assets	387,760 13
14. TOTAL ASSETS	\$ 810,466 14
LIABILITIES	
15. Accounts Payable	90,769 15
16. Grants Payable	\$ 16
17. Other Liabilities	28,694 17
18. TOTAL LIABILITIES	\$ 119,463 18
FUND BALANCE/NET WORTH (Line 14 minus Line 18)	\$ 691,003

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A)	(B)	(C)	(D)
	Total expenses	Program service	Management and	Fundraising
		expenses	general expenses	expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals				
outside the U.S.				
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees				
6. Compensation not included above, to disqualified persons (as defined under				
section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7. Other salaries and wages				
8. Pension plan contributions (include section 401(k) and section 403(b)				
employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion				
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy				
17. Travel				
18. Payments of travel or entertainment expenses for any federal, state, or				
local public officials				
19. Conferences, conventions, and meetings				
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance				
24. Other expenses. Itemize expenses not covered above. Expenses labeled				
miscellaneous may not exceed 5% of total expenses (Line 25).				
a.				
b.				
c.				
d.				
25. Total functional expenses. Add lines 1 through 24d.				
26. Joint costs. Check here u if following SOP 98-2. Complete this line				
only if the organization reported in Column B joint costs from a combined				
educational campaign and fundraising solicitation				

-*0024

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and	d acknowledge that we are duly constituted	d officers of this organization,	
being the	(Title) and	(Title) respectively, and that	
we execute this document on behalf	f of the organization pursuant to the resolut	tion of the	
	(Board of Directors, Trustees, or Managir	ng Group) adopted on the	
day of , 20 ,	, 20 , approving the contents of the document, and do hereby certify that the		
	(Board of Directors, Trustees or Managir	ng Group) has assumed, and	
will continue to assume, responsibili	ty for determining matters of policy, and ha	ave supervised, and will continue	
to supervise, the operations and fina	ances of the organization. We further state	that the information supplied is	
true, correct and complete to the be	st of our knowledge.		
Name (Print)	Name (Print)		
Signature	Signature		
Title	Title		
Date	 Date		