Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

20**20** Open to Public

OMB No. 1545-0047

Inspection

Inter	nal Reve	enue Ser	vice			30 to W	ww.irs.gov/F	orm990 t					Informa	ation.			inspec	tion	
A F	For th	e 2020		year, or tax y	/ear b	eginning	l		07/	01, 2020	, and e	ending				6/30,			
в.			C Name of	organization									D	Employer	identifio	ation nu	mber		
БС	Check if a	applicable:	BIG (GREEN										27-5083595					
	Addr chan		Doing bu	siness as															
	Name	e change	Number	and street (or	P.O. b	ox if mail i	s not delivered	to street a	ddress))	Room	n/suite	E	Telephone	numbe	r			
	Initia	l return	1637	PEARL S	TREE	ET, SU	JITE 201						((720)	263-	0501			
		return/	City or to	own, state or p	rovince	e, country,	and ZIP or for	reign posta	l code										
	Ame		BOULI	DER, CO	8030)2							G	Gross rece	eipts \$		5,088	,851	
		ication	F Name ar	nd address of p	rincipa	l officer:	KIMBA	AL MUS	K				н	I(a) Is this a		turn for	Yes	XN	
	pend	ling	SAME	AS "C" .	ABON	/E							н	subordin I(b) Are all su		s included?	Yes		
ī —	Тах-ех	kempt st	L	501(c)(3)		501(c) () 🖌 (i	nsert no.)		4947(a)(1)	or	527				a list. See i			
J			BIGGRE			301(0) () (1			4347 (d)(1)	01	521		I(C) Group e					
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		of organ		Corporation		Frust	Association	Oth	er 🕨			_ rear of	Iormation		IVI Stat	e or regar	domicile:		
P	art I		immary							TO 00		יתי עדר							
	1	Briefly	describe	the organizat	ion's i	mission	or most sign	ificant act	ivities:	10 00.	NINEC	I KIL	5 10	REAL .	FOOD				
nce																			
rna																			
Governance	2		this box		•		discontinue	•		•						1		-	
ğ	3			g members o												<u> </u>		8.	
s S	4			endent votin												<u> </u>		8.	
Activities &	5	Total	number of	individuals e	mploy	ed in ca	lendar year 2	2020 (Par	t V, lin	e 2a)					. 5			43.	
Ę	6	Total	number of	volunteers (e	stimat	e if nece	ssary)								. 6			28.	
Ā	7a	Total	unrelated b	ousiness reve	nue fr	om Part	VIII, column	(C), line 1	2						. 7a			0.	
	b	Net u	nrelated bu	isiness taxab	le inco	ome from	n Form 990-T	, Part I, li	ne 11						. 7b				
									_	0.0.0.1		 L		Prior Year		C	urrent Y	ear	
đ	8	Contr	ibutions an	d grants (Par	t VIII,	line 1h)				COPY F				6,120,	387.	4	4,882	,953.	
Revenue	9			revenue (Par						PUBL				65,	313.		197	,747.	
eve	10	I INSPECTION I								50,		8	,151.						
R	11			Part VIII, colu										-188,	594.			0.	
	12			add lines 8 th										6,047,	457.	<u> </u>	5,088	,851.	
	13			ar amounts p											0.			0.	
	14														0.			0.	
6	15		efits paid to or for members (Part IX, column (A), line 4) aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)										4,398,	020.		3,361	,584.		
Expenses	16a																0.		
per	h			expenses (P						43,113		••••							
ш	17		-	(Part IX, colu				-						2,269,	108.		1,352	.489.	
	18			Add lines 13										6,667,		-	4,714		
	19			penses. Subt										-619,				,778.	
es		Rever		perises. Oub									Beginni	ng of Curre		F	ind of Yea		
Net Assets or Fund Balances	20	Total	accote (Par	t X, line 16)								ŀ	-	4,759,			5,640		
Asse	21			Part X, line 10)					• • •			•••+		986,			1,493		
und /	22								• • •			•••+		3,773,			4,147		
	art II		anature B	nd balances.	Subil			0						577757	205.	· · · ·	-,,	1102.	
			0	declare that I h		vamined t	his return inc		compar	oving sched	lulos an	d statem	onte and	to the her	t of my	knowled		oliof it is	
true	e, corre	ect, and	complete. D	eclaration of pr	eparer	(other the	an officer) is b	ased on all	linform	nation of wh	ich pre	parer has	any know	wledge.		Knowied			
														05	/15/2	2022			
Sig	ın		Signature of	officer										Date	/ 1.5/ .				
He			•							CEO				Date					
	-		KIMBAL							CEO									
			Type or print Type prepar	name and title			Proporor's	signature				ate				PTIN			
Paid	b			ersname RONI, CPA I	ידפיני		Preparer's		0.				1200	Check	if			7.0	
	parer					_	Than	yJane	-tree	an	μ5	5/15/)53877	12	
	e Only			BDO USA,									F	irm's EIN 🖡					
		Firm's		4999 PEA										hone no.	303	-440-			
Mag	y the	IRS d	iscuss thi	s return with	n the	prepare	er shown a	bove? (s	see ins	structions))						Yes	No	
For	Pape	rwork	Reduction	Act Notice,	see th	e separa	ate instructio	ons.								F	orm 99() (2020)	

	BIG GREEN	27-5083595
Form 990		Page
Part III		_
	Check if Schedule O contains a response or note to any line in this Part III	X
	ily describe the organization's mission: TACHMENT 1	
AI		
	the organization undertake any significant program services during the year which were not listed Form 990 or 990-EZ?	
If "Ye	es," describe these new services on Schedule O.	
B Did	the organization cease conducting, or make significant changes in how it conducts, any p	
	ces?	Yes X No
	es," describe these changes on Schedule O.	
	cribe the organization's program service accomplishments for each of its three largest program enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grant	
	otal expenses, and revenue, if any, for each program service reported.	
a (Cod		197,747.)
	GREEN IS CREATING OPEN-SOURCE DESIGNS FOR MODULAR,	
	ERIENTIAL LEARNING GARDENS FOR SCHOOLS ACROSS THE COUNTRY.	
	RNING GARDENS ARE AN EXTENSION OF THE CLASSROOM AND AN	
	ANCEMENT TO THE SCHOOL PLAYGROUND AND THEY ARE DESIGNED TO BE A	
-	CE KIDS WANT TO PLAY IN AND TEACHERS WANT TO TEACH IN, THEREBY	
	ATING A LONG-TERM, POSITIVE INVESTMENT FOR THE SCHOOL AND MUNITY. AS OF JUNE 30, 2021 THERE WERE 637 GARDENS INSTALLED.	
-	GREEN IS HEADQUARTERED IN COLORADO.	
	GREEN IS HEADQUARTERED IN COLORADO.	
41 (0.1		
4b (Cod	e:) (Expenses \$15,138. including grants of \$) (Revenue \$) NT A SEED DAY IS A VEHICLE TO SPREAD BIG GREEN'S MISSION AND)
	SAGE TO THE MASSES WHETHER THEY HAVE A LEARNING GARDEN OR NOT.	
	SAGE TO THE MASSES WHETHER THET HAVE A LEARNING GARDEN OR NOT.	
	POWER AND THE JOY OF GROWING THEIR OWN REAL FOOD. PLANT A SEED	
	IS A MASSIVE DAY OF ACTION AND A CALL-TO-ARMS THAT RALLIES	
	PLE TO STAND UP AND SAY "THE NEXT GENERATION DESERVES A BETTER	
FOOI	D SYSTEM," AND THEN DO SOMETHING ABOUT IT.	
c (Cod	e:) (Expenses \$ 68,672. including grants of \$) (Revenue \$)
LIT	TLE GREEN GARDENS/BIG GREEN AT HOME. THIS PROGRAM PROVIDES 12	
ROUI	ND GROW BAGS AND RELATED PROGRAMMING THAT IS INTENDED TO	
	PORT PEOPLE GROWING FOOD AT HOME. LITTLE GREEN GARDENS ARE ALSO	
	D IN SCHOOLS TO SUPPORT TEACHERS WHO UTILIZE ONLINE AND HYBRID	
TEA	CHING METHODS.	
	er program services (Describe on Schedule O.) enses \$ including grants of \$) (Revenue \$)	
<u>, ,</u>	I program service expenses ► 3,413,895.	
SA E1020 1.0		Form 990 (202
7	⁰⁰ 299QP R59G 5/13/2022 1:31:38 PM V 20-7.21 B009748.T001	PAGE

Form 990 (2020)

Page 3

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A,	Vec		V Checklist of Required Schedules
complete Schedule A, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tes		Is the organization described in section $501(c)(2)$ or $4047(c)(1)$ (other than a private foundation)? If "Vec"
2 Is the organization required to complete Schedule B. Schedule of Combutors See instructors? 2 X 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 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4). 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceedue 98-197 If 'Yes,' complete Schedule C, Part II 4 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide activation or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II. 6 7 Did the organization report on amount in Part X, line 21, for escrow or custodial account liability, serves a custodian for amounts in Part X, or provide credit counseling, deb mangement, credit repair, or deb magnization maintain collactions of works of art, historical treasure, or deb mangement, credit repair, or andeb mangement, credit repair, or deb magnization neovers? If Yes, 'complete	v		
 3 Did the organization sengage in direct political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 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 I. 5 Is the organization a section 501(c)(4). 501(c)(5), or 501(c)(4) organization that receives membership dues, assessments, or similar any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 9 Did the organization service? If Yes," complete Schedule D, Part IV. 9 Did the organization report an amount in Part X, ine 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 repart, or debt negotiation service? If Yes," complete Schedule D, Part IV. 9 Did the organization, directly or through a ratiated organization, hold assets in donor-fostricad endowments or in quasi andowments? If Yes," complete Schedule D, Part V. 10 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes," complete Schedule D, Part VI. 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes," complete Schedule D, Part VI. 11 Did the organi			
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"Yes" complete Schedule D, Part I,			
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 B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. D 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, ion provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V. D Did the organization's answers to any of the following questions is "Yes," then complete Schedule D, Part V. D Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. D 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 VI. D Did the organization report an amount for investments-program related in Part X, line 13? If "Yes," complete Schedule D, Part VI. D Did the organization report an amount for other assets 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 VI. D Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. D Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X. D Did the organization report an amount for the tax year? If "Yes," complete Schedule D, Part X. D Did the organization include in consolidated inancial statements for the tax year? If "Yes," complete Schedule D, Part X. D Did the organization include at \$100,000 or more? If "Yes," complete Schedule D, Part X and XII so optionat 13. D Id the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or		_	
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the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
22 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. 12a 12a 11a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answerd "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 3 Is the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 4a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization neort an office, employees, or agents outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 5 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 6 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 II and IV 15 7 Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 II and IV 16 7 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part I		11f	
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domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<u> </u>	200	
000	1		
	<u> </u>		domestic government on Part IX, column (A), line 1? It "Yes," complete Schedule I, Parts I and II
		Form	
			1 X 2 X 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 110 - 111 X 111 - 111 - 111 X 111 - 112 - 114 - 123 - 14b - 15 - 16 - 17 - 18 - 19 - 20a - 20b - 21 - Form 990

Form **990** (2020) PAGE 4

BIG GREEN

Part IV Checklist of Required Schedules (continued)

Form 990 (2020)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
_	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?			37
	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%			37
	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	07		Х
20	persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
-	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-		Х
h	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		<u></u>
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	200		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	X	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
30	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	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
52	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
	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
35 a	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 in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 17			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
10.4	reportable gaming (gambling) winnings to prize winners?	1c		
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Page **4**

BIG GREEN

Form 990 (2020)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 43			
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		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		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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	6 -		х
_	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 or	6 h		
-	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		х
h	and services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		
C	required to file Form 8282?	7c		х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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:			
	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 10b			
11				
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	Isa		
h	Note: See the instructions for additional information the organization must report on Schedule O.			
a	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	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 income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

Form §	990 (2020) BIG GREEN 27-5083	3595	F	Page 6
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.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year $1a$ 8			
Id	Enter the number of voting members of the governing body at the end of the tax year 1a o 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. Enter the number of voting members included on line 1a, above, who are independent 1b			
b		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	х	
	any other officer, director, trustee, or key employee?	2	21	
3	Did the organization delegate control over management duties customarily performed by or under the direct			x
	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		A
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		v
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			37
	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 following:		37	
а	The governing body?	8a	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.	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		_ <u>.</u>
			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,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
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		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright ^{CO} ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	- (Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own 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	f inter	est p	oolicy.
	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 ASCENT CFO SOLUTIONS 1637 PEARL STREET, SUITE 201 BOULDER, CO 80302 720.263.0501	ls 🕨		
	ASCENT CFO SOLUTIONS 1637 PEARL STREET, SUITE 201 BOULDER, CO 80302 720.263.0501			
JSA		Form	990	(2020)
304				

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

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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

(**a**)

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

				(0	C)					
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and title	Average					e than c		Reportable	Reportable	Estimated amount
	hours	box, unless person is both an officer and a director/trustee)						compensation	compensation	of other
	per week (list any						<i>,</i>	from the organization	from related organizations	compensation from the
	hours for	Individual trustee or director	Institutional	Officer	Key employee	High	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	/idua	tutio	ër	emp	est loye	her			related organizations
	organizations below	or tru	nalt		loye	eom				
	dotted line)	Istee	trustee		õ	pen				
			ee			Highest compensated employee				
						<u>u</u>				
(1) TIGHE BROWN	40.00									
PRESIDENT	0.			Х				178,800.	0.	4,448.
(2) ROBIN MARTIN	40.00									
C00	0.			Х				127,382.	0.	2,823.
(3) ERIN MACGUIRE	40.00									
CFO	0.			Х				121,240.	0.	6,358.
(4)KIMBAL MUSK	40.00									
CEO	0.	Х		Х				0.	0.	0.
(5)HUGO MATHESON	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(6) DON DEGNAN	1.00	-								
DIRECTOR	0.	X						0.	0.	0.
(7)CINDY MERCER	1.00									
DIRECTOR	0.	X						0.	0.	0.
(8) MICHAEL TANG	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(9) LARRY MUELLER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(10) DORSEY HOPSON	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(11) ^{WENDY} LEA	40.00									
DIRECTOR	0.	X						0.	0.	0.
<u>(12)</u>										
(13)										
(14)										

Form 990 (2020)

	990 (2020)													Page 8
Ра	t VII Section A. Officers, Directors, Tru		ey Enr ∣	nplo			and H	lig	· · · · · · · · · · · · · · · · · · ·		yees (co	ontinue		
	(A) Name and title	(B) Average hours per week (list any hours for	officer and a director/truste						(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from d	am	(F) timated ount o other pensati	of
									organization (W-2/1099-MISC)	(W-2/1099		orga and	om the anizatio I relate nizatio	on d
			_											
			-											
			_											
			_											
			_											
			_											
1b	Sub-total							►	427,422.		0.		13,	629.
	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	-	• • •	••	••	••			0. 427,422.		0.		13,	0. 629.
2	Total number of individuals (including but not reportable compensation from the organization	limited to t	hose					o re		\$100,000	of		- ,	
													Yes	No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3		X
4	For any individual listed on line 1a, is the s	sum of rep	oortab	ole (com	pen	satio	n ai	nd other compens	sation from	the	5		
	organization and related organizations gre individual											4	х	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	from	n any	un	related organization	on or indiv	idual	5		X
Se	tion B. Independent Contractors													
1	Complete this table for your five highest com compensation from the organization. Report c year.													
	(A) Name and business add	lress							(B) Description of services			(C) Compensation		
2	Total number of independent contractors (ir	ncluding bi	ut not	t lin	nite	d to	thos	se li	isted above) who	received				
	more than \$100,000 in compensation from the					0			,					

	990 (2				27-50835	595 Page
Par	t VIII		to any line in this Dort)	/111		
		Check if Schedule O contains a response or note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512-57
ts	1a	Federated campaigns 1a				
and Other Similar Amounts	b	Membership dues 1b				
A A B A	С	Fundraising events 1c				
ar	d	Related organizations				
<u>.</u>	е		,761.			
S	f	All other contributions, gifts, grants,	100			
the		and similar amounts not included above . 1f 3,897 Noncash contributions included in	,192.			
9	g		,292.			
aŭ	h	Total. Add lines 1a-1f				
		Business				
3	2a	BUILD LEARNING GARDENS 339999	197,747.	197,747.		
Revenue	b					
en	с					
e v	d					
<u>,</u>	е					
•	f	All other program service revenue				
_	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, a				8,1
	4	other similar amounts). Income from investment of tax-exempt bond proceeds	•			0,1
	5	Royalties	• *			
		(i) Real (ii) Perso				
	6a	Gross rents 6a				
	b	Less: rental expenses 6b				
	с	Rental income or (loss) 6c				
	d	Net rental income or (loss)	. • 0.			
	7a	Gross amount from (i) Securities (ii) Oth	er			
		sales of assets				
		other than inventory 7a				
an	b	Less: cost or other basis				
Ver		and sales expenses 7b				
Re	c d	Gain or (loss)	• 0.			
Other Revenue	-	Gross income from fundraising				
ð	8a	events (not including \$				
		of contributions reported on line				
		1c). See Part IV, line 18	0.			
	b	Less: direct expenses	0.			
	с	Net income or (loss) from fundraising events	. • 0.			
	9a	Gross income from gaming				
		activities. See Part IV, line 19 9a	0.			
	b	Less: direct expenses 9b	0.			
	С	Net income or (loss) from gaming activities	. • 0.			
	10a	Gross sales of inventory, less	0			
	-	returns and allowances	0.			
	b c	Less: cost of goods sold				
		Business				
a	11a					
Revenue	11a b					1
eve	ы С					1
Revenue	d	All other revenue				
:		Total. Add lines 11a-11d				
	е	Total. Add lifes Tra-Tru	•••	1		

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BIG GREEN

Form 990 (2020)

PAGE 10

27-5083595

Page **9**

BIG GREEN

Section 501(c)(3) and 501(c)(4) organizations must				
Check if Schedule O contains a respo	onse or note to any line	in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and	0.			
foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	487,832.	406,315.	60,947.	20,57
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.	1 702 002	04.000	
7 Other salaries and wages	2,484,573.	1,783,863.	84,269.	616,44
8 Pension plan accruals and contributions (include	0.			
section 401(k) and 403(b) employer contributions)	178,839.	128,402.	6,066.	44,37
9 Other employee benefits	210,340.	151,019.	7,134.	52,18
0 Payroll taxes	210,340.	151,019.	7,134.	52,10
1 Fees for services (nonemployees):	0.			
a Management	6,846.	5,732.	776.	33
b Legal	20,101.	16,829.	2,278.	99
c Accounting	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	72,054.	57,346.	6,480.	8,22
2 Advertising and promotion	141,665.	3,524.	14,447.	123,69
3 Office expenses	84,065.	15,530.	40,206.	28,32
4 Information technology	67,111.	39,930.	6,696.	20,48
5 Royalties	0.			
6 Occupancy	357,703.	251,149.	22,413.	84,14
7 Travel	57,438.	18,247.	3,247.	35,94
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	0.			
0 Interest	0.			
1 Payments to affiliates	0.			
2 Depreciation, depletion, and amortization	26,587.	19,644.	1,092.	5,85
3 Insurance	2,959.	616.	1,014.	1,32
4 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.)	205 001	205 122		1 -
aGARDEN BEDS	385,291.	385,133.		15
bGARDEN PROGRAMMING	130,669.	130,616.		5
c				
d				
e All other expenses	4,714,073.	3,413,895.	257,065.	1,043,11
 5 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundrational chark here. 	4,/14,0/3.	3,413,625.	257,005.	1,043,11
fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)	0			

0.

Form **990** (2020)

following SOP 98-2 (ASC 958-720)

Form 990 (2020)

Page **11**

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 0. 0. Cash - non-interest-bearing 1 1 3,251,226. 4,770,115. 2 2 Savings and temporary cash investments 850,000. 500,000. 3 Pledges and grants receivable, net 3 33,615. 0. 4 4 Accounts receivable, net. 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 0. controlled entity or family member of any of these persons 0 5 Loans and other receivables from other disqualified persons (as defined 6 0 6 0. under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 0. 0. 7 Notes and loans receivable, net 7 Assets 209,646. 403,971. 8 8 141,410. 122,133. q Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 187,400. basis. Complete Part VI of Schedule D 10a 161,011. 52,536. 26,389. b Less: accumulated depreciation 10b 10c 0. 0. 11 Investments - publicly traded securities 11 0. 0. 12 Investments - other securities. See Part IV, line 11 12 0. 13 Investments - program-related. See Part IV, line 11 0. 13 0. 0 14 14 27,200. 12,506. 15 15 Other assets. See Part IV, line 11 4,759,958. 5,640,789. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 48,195. 88,696. 17 Accounts payable and accrued expenses 17 0. 18 0. 18 155,000. 19 1,404,334. 19 Deferred revenue 0. Tax-exempt bond liabilities..... 0. 20 20 0. 0. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 0. controlled entity or family member of any of these persons 0. 22 0. 0. 23 23 Secured mortgages and notes payable to unrelated third parties 0. Unsecured notes and loans payable to unrelated third parties 0. 24 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 0. 783,500. 25 986,695. 26 1,493,030. 26 Total liabilities. Add lines 17 through 25..... Х Organizations that follow FASB ASC 958, check here Balances and complete lines 27, 28, 32, and 33. 2,089,652. 3,556,324. 27 Net assets without donor restrictions 27 1,683,611. Net assets with donor restrictions 591,435. 28 28 Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Assets or 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Net 3,773,263. 4,147,759. 32 Total net assets or fund balances 32 Total liabilities and net assets/fund balances 33 4,759,958. 5,640,789. 33

Form 990 (2020)

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Form 99	0 (2020)				Pa	ge 12	
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,088,851.			
2	Total expenses (must equal Part IX, column (A), line 25)	2			14,0		
3	Revenue less expenses. Subtract line 2 from line 1	3			74,7		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,7	73,2		
5	Net unrealized gains (losses) on investments	5			-2	282.	
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain on Schedule O).	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10		4,⊥	47,7	59.	
Part							
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>		X	
			ſ		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		<u> </u>				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xpiain	in				
	Schedule O.			0-		х	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a			
	If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both:	npiled	or				
	Separate basis Consolidated basis Both consolidated and separate basis			2b		х	
b	Were the organization's financial statements audited by an independent accountant?			20			
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	lea oi	na				
	Separate basis Consolidated basis Both consolidated and separate basis						
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rciab	tof				
L	the audit, review, or compilation of its financial statements and selection of an independent accounta	•		2c			
	If the organization changed either its oversight process or selection process during the tax year, e						
	Schedule O.						
32	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in '	the				
54	Single Audit Act and OMB Circular A-133?			3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the				
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	•		3b			
					000		

Form **990** (2020)

SCHE	EDU	LE	Α	
/	~~~		~~~	-

CHEDULE A Drm 990 or 990-EZ)
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_FZ

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.				information.	Open to Public Inspection			
Name of the organization							Employer identifi	cation number
BIG GREEN							27-50835	95
Ра	rt I Reason fo	r Public Cha	rity Status. (All	organizations must	comple	te this p	art.) See instructions	3.
The	organization is not	t a private fou	ndation because it	t is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1				tion of churches desc				
2				. (Attach Schedule E	-			
3	· · ·		•	rganization described				
4		-		conjunction with a hose	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the
_	hospital's nar							
5		•		a college or universit	ty owne	d or ope	erated by a governme	ental unit described in
~	`		Complete Part II.)	romontol unit docoribo	م ای م م م	ion 170	(L)/4)/A)/)	
6 7			•	rnmental unit describe				om the general public
'			any receives a sur (1)(A)(vi). (Compl	-	ipport in	om a go		om the general public
0				o)(1)(A)(vi). (Complete	Dort II)			
8 9							d in conjunction with a	land-grant college
3			-			-	name, city, and state o	
	university:		grant concyc or a		10113). L		name, ony, and state o	
10	An organization receipts from support from	activities rela gross investm	ited to its exempt f nent income and u	functions, subject to c	ertain ex able inco	xceptions	ntributions, membersh s; and (2) no more thar s section 511 tax) from Part III.)	n 331/3 % of its
11				usively to test for publi				
12	An organizati	on organized	and operated excl	usively for the benefit	of, to pe	erform th	ne functions of, or to o	carry out the purposes
			· · · -					ee section 509(a)(3).
	Check the box	k in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.
а	Type I. A s	upporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
	the support	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the
	supporting (organization.	You must complet	te Part IV, Sections A	and B.			
b	•••		•				s supported organizati	
		-		-	the sam	e persor	ns that control or man	age the supported
		. ,	•	, Sections A and C.				
С		-		·			n with, and functiona	lly integrated with,
_		-		ns). You must comple				
d		-			-		ection with its suppor	- · ·
		-			-		oution requirement and	an attentiveness
				omplete Part IV, Sect				
е		-		ionally integrated sup			hat it is a Type I, Type I	і, туре ш
f					porting t	Jiyaniza	uon.	
g				orted organization(s).				
	(i) Name of supported		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	.,	0		(described on lines 1-10	-	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment? No	instructions)	instructions)
(A)								
(D)								
(B)								
(C)								
(ח)								
(D)								
(E)								
Tota	al							
For	Paperwork Reduction	Act Notice, see th	e Instructions for Form	990 or 990-EZ			Schedule A	(Form 990 or 990-EZ) 2020

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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.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,674,621.	8,465,973.	9,096,619.	6,120,387.	4,882,953.	35,240,553.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	6,674,621.	8,465,973.	9,096,619.	6,120,387.	4,882,953.	35,240,553.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
c	shown on line 11, column (f) ATCH 1 Public support . Subtract line 5 from line 4						5,613,601.
$\frac{6}{800}$	tion B. Total Support						29,626,952.
-	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	6,674,621.	8,465,973.	9,096,619.	6,120,387.	4,882,953.	35,240,553.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		3,449.	31,684.	50,351.	8,151.	93,635.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			2,235.	66.		2,301.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						35,336,489.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	6,400,032.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u> </u>		third, fourth,	or fifth tax yea	r as a section	501(c)(3)
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2020 (lin	ne 6, column (f)	, divided by line	11, column (f))		14	83.84%
15	Public support percentage from 2019					15	89.13 %
16a	331/3% support test - 2020. If the org	anization did n	ot check the box	k on line 13, an	d line 14 is 33	1/3 % or more, cl	
	box and stop here. The organization qu						
b	331/3% support test - 2019. If the org						
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2	•					
	10% or more, and if the organization					-	
	Part VI how the organization meets			•			
h	organization						
D	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organization most						
	in Part VI how the organization meets			-	-		
18	organization. Private foundation. If the organizatio						
10	•						
	instructions						· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2020

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	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
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 disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	<u> </u>					
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	tion B. Total Support	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(a) 2020	(f) Total
	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(0) 2018	(d) 2019	(e) 2020	
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
5	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	r the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and $\ensuremath{\textbf{stop}}\xspace$ here	<u></u>		<u></u>		<u></u>	<u></u> ▶
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2020 (line 8					15	%
16	Public support percentage from 2019 Sche					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2020 (li					17	%
18	Investment income percentage from 2019					18	%
19 a	331/3% support tests - 2020. If the or						
L	17 is not more than 331/3%, check thi	-	-	•		•••••	
a	331/3% support tests - 2019. If the org line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	•			
20 JSA				<u>, 190, 01 190,</u>			990 or 990-EZ) 2020
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Page 3

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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.*
- **10 a** 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.)

JSA 0E1229 1.010 10b Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Part	V Supporting Organizations (continued)	 	
		Yes	No
1	Has the organization accepted a gift or contribution from any of the following persons?		
2	A person who directly or indirectly controls, either alone or together with persons described in lines 11h and		

- a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
 b A family member of a person described in line 11a above?
- c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

Section 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 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? <i>If "No," describe in Part VI how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>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</i>			
	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			

organization (s) that operated, supervised, or controlled the supported organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truction	is).	
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr <u>uc</u>	tions	s).
			Y	'es	Ν
2	2 Activities Test. Answer lines 2a and 2b below.				

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

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2a

2b

3a

3b

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11a

11b

11c

2



Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			
instructions. All other Type III non-functionally integrated supporting organi	izations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 			
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		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)			
Secti	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish ex			1		
2						
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount		<i>(</i>)	10	<i>(</i>	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020					
	(reasonable cause required - <i>explain in Part VI)</i> . See					
	instructions.					
3	Excess distributions carryover, if any, to 2020					
<u>a</u>	From 2015					
b	From 2016					
<u> </u>	From 2017					
d	From 2018					
e	From 2019					
f	Total of lines 3a through 3e					
<u> </u>	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2020 distributable amount					
	Carryover from 2015 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
	Distributions for 2020 from					
4	Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
 C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2016					
b	Excess from 2017					
С	Excess from 2018					
d	Excess from 2019					
е	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020

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.)

ATTACHMENT 1

SCHEDULE A, PART II - EXCESS CONTRIBUTIONS

(NOT OPEN TO PUBLIC INSPECTION)

Schedule B (Form 990 000-E7

or 990-PF)
Department of the Treasury Internal Revenue Service

Name of the organization BIG GREEN

Schedule of Contributors

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

Employer identification number

27-5083595

Organization type (check one):

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

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

PAGE 22

Part I	Contributors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 -		\$	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
2		\$240,000.	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
3 -		\$\$	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
4 -		\$100,000.	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
5		\$150,000.	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
6		\$783,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

JSA

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$799,891.	Person Payroll Noncash (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$503,717.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

JSA

Part II

(a) No.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

27-5083595

(c)

Employer identification number

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
7	CRYPTOCURRENCY - 305.5 SHS ETHEREUM				
		r 799 891	06/01/2021		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		^			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
A.		Schedule B (Form 9	90, 990-EZ, or 990-PF) (/		

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

ne er ergan.	zation BIG GREEN		Employer identification number 27-5083595
(10 the col) that total more than \$1,000 for the	e year from any one contributes s completing Part III, enter the rear. (Enter this information one	described in section 501(c)(7), (8), or tor. Complete columns (a) through (e) a total of <i>exclusively</i> religious, charitable, e ce. See instructions.) ►\$
a) No. from Part I 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and 2	(e) Transfer of gift ZIP + 4 R	elationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and a	(e) Transfer of gift ZIP + 4 R	elationship of transferor to transferee
-			

(e) Transfer of gift

(c) Hardon of gint Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part 1
(b) Purpose of gift
(c) Use of gift
(d) Description of how gift is held
(e) Transfer of gift
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee
(e) Transfer of gift
Transferee's name, address, and ZIP + 4
Relationship of transferor to transferee

JSA

B009748.T001

SCHEE	DULE	D
(Form	990)	

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.

2 20 Open to Public

OMB No. 1545-0047

Depa	rtment of the Treasury		Attach to Form 990.				Open to Public
	al Revenue Service	Go to www.irs.gov	/Form990 for instructions ar	nd the latest infor			Inspection
	of the organization					oyer identifica	
	GREEN			<u> </u>		27-508359	95
Ра		tions Maintaining Donor Adv			r Acco	unts.	
	Complete	e if the organization answered					
			(a) Donor advised	funds	d)) Funds and	other accounts
1		nd of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5	-	ion inform all donors and donor					
	-	inization's property, subject to the	-	-			Yes No
6	-	on inform all grantees, donors, a					
	-	e purposes and not for the bene			-		
		issible private benefit?	<u> </u>	<u></u>			Yes No
Ра		tion Easements.		"t I) / Line 7			
		e if the organization answered					
1		servation easements held by the		- · · · · ·			
		n of land for public use (for example	e, recreation or education)				portant land area
		of natural habitat		Preservation	or a ce	rtified histor	ric structure
2		n of open space	old a qualified concernatio	n contribution i	a tha fai	m of a con	oruction
2		through 2d if the organization h	eid a quaimed conservatio	on contribution ii			End of the Tax Year
_		ast day of the tax year.			20		
a ⊾		onservation easements			2a 2b		
b	-	tricted by conservation easements			20 2c		
C C		vation easements on a certified			20		
d		rvation easements included in (c			2d		
2		isted in the National Register			· · · · · · · · · · · · · · · · · · ·	by the orac	nization during the
3		rvation easements modified, tra	nsierreu, releaseu, exiing	uisned, or term	inateu	by the orga	anization during the
4	tax year ►		ruation accoment is least				
4 5		where property subject to conse ation have a written policy reg			tion ha	undling of	
3	-	orcement of the conservation ea				-	Yes No
6		hours devoted to monitoring, insp					
0		nours devoted to monitoring, insp	eeting, narioning of violation	is, and enforcing	CONSERV	allon easem	ents during the year
7	Amount of expens	es incurred in monitoring, inspec	ting handling of violations	and enforcing of	onserva	ation easem	ents during the year
•	► s		ang, nananng or violationo	, and officially c	01100110		onto during the your
8	ε ψ	vation easement reported on line 2	2(d) above satisfy the requ	irements of sect	ion 170	(h)(4)(B)(i)	
-)(4)(B)(ii)?					
9		be how the organization reports					
-		d include, if applicable, the text of			•		
		ounting for conservation easeme					
Ра	rt 🖩 🛛 Organiza	tions Maintaining Collections	of Art, Historical Trea	sures, or Othe	er Simil	ar Assets.	
	Complete	e if the organization answered	"Yes" on Form 990, Pa	rt IV, line 8.			
1a	If the organization	n elected, as permitted under FA	ASB ASC 958, not to rep	ort in its revenu	ue state	ment and b	alance sheet works
	of art. historical f	Part XIII the text of the footnote	ts held for public exhibit	tion. education.	or res	earch in fu	rtherance of public
h							neo shoot works of
b	art historical treat	n elected, as permitted under Fasures, or other similar assets he	ASB ASC 958, to report Id for public exhibition e	In its revenue s	stateme search i	nt and bala h furtherand	nce sneet works of
		ing amounts relating to these iter					
		ded on Form 990, Part VIII, line 1				►\$	
		d in Form 990, Part X					
2		n received or held works of a					
	•	s required to be reported under F					5
а		on Form 990, Part VIII, line 1				►\$	
b		Form 990, Part X					

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

Schedule D (Form 990) 2020

	BIG	GREEN				27-50	83595
Schee	dule D (Form 990) 2020						Page 2
Pa	rt III Organizations Maintaini	na Collections of	Art. Histor	ical Treasures	or Other	Similar Assets (
3	Using the organization's acquisitio	-					,
•	collection items (check all that appl			io, oneon any e		ing that make eig	
-	Public exhibition	y).	d	Loan or excha	ngo progra	m	
a				Other	inge prograi	11	
b	Scholarly research		e				
C	Preservation for future gener						
4	Provide a description of the organ	ization's collection	s and expla	in how they fur	ther the org	ganization's exemp	ot purpose in Part
	XIII.						
5	During the year, did the organizatio					-	
	assets to be sold to raise funds rath	er than to be maint	ained as par	t of the organization	ation's colled	ction?	Yes No
Pa	rt IV Escrow and Custodial A	•					
	Complete if the organiza	tion answered "Ye	es" on Forn	n 990, Part IV,	line 9, or r	eported an amou	nt on Form
	990, Part X, line 21.						
1a	Is the organization an agent, trust			-		-	
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in	n Part XIII and com	plete the foll	owing table:			
						Amoun	t
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an am				or custodial	account liability?	Yes No
	If "Yes," explain the arrangement ir						_
	rt V Endowment Funds.						
	Complete if the organiza	tion answered "Y	es" on Forr	n 990. Part IV.	line 10.		
		(a) Current year	(b) Prior		years back	(d) Three years back	(e) Four years back
4 -	Perinning of year belongs	())			· · · · · · · · · · · · · · · · · · ·		
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains,						
	and losses						
	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage		end balance	(line 1g, column	(a)) held as	:	
а	Board designated or quasi-endowm		_%				
b	Permanent endowment	%					
С	Term endowment ▶	%					
	The percentages on lines 2a, 2b, a	nd 2c should equal	100%.				
3a	Are there endowment funds not in t	the possession of t	he organizat	ion that are held	d and admir	nistered 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 relate						3b
4	Describe in Part XIII the intended u	0	•				
	rt VI Land, Buildings, and Equ	ipment.					
	Complete if the organiza	ation answered "Y			line 11a. S	See Form 990, Pa	
	Description of property		r other basis stment)	(b) Cost or other ba (other)		cumulated (eciation	d) Book value
1a	Land	· · · · · · · · · · · · · · · · · · ·		(0000)	dopi		
b	Buildings						
	Leasehold improvements						
с С	•			187,40	0 1	61,011.	26,389.
d	Equipment.			107,40		· · / · · · ·	
	Other I. Add lines 1a through 1e. (Column		m 000 . Dort)	V oolumn (D)	0.100.		26,389.
TOTA	I. Aud lines ta through te. (Column	(u) must equal For	ni 990, Part J	, column (B), Im		<u></u>	20,309.

Schedule D (Form 990) 2020

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990). Part IV. line 11b. See Form 990	Part X. line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
) Financia	al derivatives			
,	held equity interests			
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
. ,	n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨			
art VIII		"Yes" on Form 990), Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
1)				
2)				
3)				
4)				
5)				
5)				
7)				
B)				
9)				
otal. (Columr	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets. Complete if the organization answered), Part IV, line 11d. See Form 990,	
	(a) Des	scription		(b) Book value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
3)				
9)				
art X	umn (b) must equal Form 990, Part X, col. (B) li Other Liabilities. Complete if the organization answered line 25.			m 990, Part X,
		tion of liability		(b) Book value
1) Feder	al income taxes			
2)				
3)				
4)				
51				
6)				
6) 7)				
5) 6) 7) 8) 9)				
6) 7) 8) 9)	n (h) must equal Form 000 Part V col. (R) line 25)			
6) 7) 8) 9) otal. <i>(Colum</i> Liability fo	nn (b) must equal Form 990, Part X, col. (B) line 25.) or uncertain tax positions. In Part XIII, provide the s liability for uncertain tax positions under FASB A	text of the footnote to	the organization's financial statements th	

Schedu	le D (Form 990) 2020		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	5	
Part	XIII Supplemental Information.		·
	e the descriptions required for Part II lines 3, 5, and 0; Part III lines 1a and 4; Part IV lines 1b and 2b; E	Dart V	line 4: Part X line

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

SEE PAGE 5

Schedule D (Form 990) 2020

Part XIII Supplemental Information (continued)

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). HOWEVER, INCOME FROM ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE ORGANIZATION HAD UNRELATED BUSINESS INCOME DURING THE YEAR ENDED JUNE 30, 2021 OF \$0 AND \$1,625 DURING THE YEAR ENDED JUNE 30, 2020.

THE ORGANIZATION BELIEVES THAT IT HAS CONDUCTED ITS OPERATIONS IN ACCORDANCE WITH, AND HAS PROPERLY MAINTAINED, ITS TAX-EXEMPT STATUS, AND THAT IT HAS TAKEN NO MATERIAL UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2018.

Schedule D (Form 990) 2020

SCHEDULE J Compensa		Compens	ation Information	0	MB No.	1545-0	047		
(Forn	n 990)	For certain Officers, Direct	ors, Trustees, Key Employees, and Highest		എത	20			
			pensated Employees answered "Yes" on Form 990, Part IV, line 2	23.	KULU				
	nent of the Treasury	► At	ttach to Form 990.	C	pen to				
	Revenue Service of the organization	Go to www.irs.gov/Porm990	0 for instructions and the latest information.	Employer identificatio		ectio r	n		
	GREEN			27-5083595					
Part		s Regarding Compensation							
						Yes	No		
1a		propriate box(es) if the organization provi							
	990, Part VII,	Section A, line 1a. Complete Part III to pr	ovide any relevant information regarding	these items.					
		ss or charter travel	Housing allowance or residence for	•					
		or companions	Payments for business use of perso						
		mnification and gross-up payments	Health or social club dues or initiation						
	Discretio	onary spending account	Personal services (such as maid, ch	auffeur, chef)					
b	or reimburse	boxes on line 1a are checked, did the ment or provision of all of the expe	enses described above? If "No," com	plete Part III to					
2	explain Did the org	anization require substantiation prior	to reimbursing or allowing expenses	incurred by all	1b				
2	-	stees, and officers, including the CEO/E							
					2				
3		, if any, of the following the organization		the	_				
J		CEO/Executive Director. Check all that							
	related organ	zation to establish compensation of the	CEO/Executive Director, but explain in P	art III.					
	Comper	sation committee	Written employment contract						
	Indepen		X Compensation survey or study						
	Form 99	0 of other organizations	X Approval by the board or compensation of the second seco	tion committee					
4		ar, did any person listed on Form 990, P	art VII, Section A, line 1a, with respect to	o the filing					
	•	or a related organization:					37		
a		verance payment or change-of-control pay			4a		X X		
b		or receive payment from a supplementa or receive payment from an equity-based			4b 4c		X		
C		y of lines 4a-c, list the persons and prov			40				
			vide the applicable amounts for each it	em m Fait m.					
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) org	anizations must complete lines 5-9.						
5	-	listed on Form 990, Part VII, Section		y or accrue any					
	-	contingent on the revenues of:	· · · · · ·	, ,					
а	The organizat	on?			5a		Х		
b		ganization?			5b		X		
		e 5a or 5b, describe in Part III.							
6	-	listed on Form 990, Part VII, Sectior	n A, line 1a, did the organization pa	y or accrue any					
	-	contingent on the net earnings of:			-		77		
a		on?			6a		X X		
a		ganization? e 6a or 6b, describe in Part III.		• • • • • • • • • •	6b				
-				ida anu contro t					
7		listed on Form 990, Part VII, Section described on lines 5 and 6? If "Yes," des			7		x		
8		ounts reported on Form 990, Part VII, pa							
-		contract exception described in Re	-	-					
					8		Х		
9		ine 8, did the organization also follow							
		ection 53.4958-6(c)?			9				
For Pa	aperwork Reduc	tion Act Notice, see the Instructions for Forn	m 990.	Sched	ule J (Fo	orm 99	0) 2020		

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
TIGHE BROWN	(i)	178,800.	0.	0.		4,448.	183,248.	
1PRESIDENT	(ii)	0.	0.	0.				
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
0	(ii)							
	(i)							
1	(ii)							
	(i)							
2	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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

Department of the Treasury Internal Revenue Service

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

Open to Public

Name	of	the	organization

BIG GREEN	

		enue Service • Go to www.ir	s.gov/Form9	90 for instructions and the lat	est information.	Emplo	yer identification number
	GRI	-					7-5083595
-	-	Types of Property				Δ.	7-5065595
a	tl		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribu amounts reported Form 990, Part VIII, I	on	(d) Method of determining noncash contribution amounts
1	Art -	Works of art					
2	Art -	- Historical treasures					
3	Art -	- Fractional interests					
4	Boo	ks and publications					
5	Clot	hing and household					
	goo	ds					
6		s and other vehicles					
7	Boa	ts and planes					
8		llectual property					
9		urities - Publicly traded					
0		urities - Closely held stock					
1		urities - Partnership, LLC,					
	or tr	ust interests					
2		urities - Miscellaneous		4.	801,3	380.	
3	Qua	lified conservation					
	cont	tribution - Historic					
	stru	ctures					
4		lified conservation					
	cont	tribution - Other					
5		I estate - Residential					
6	Rea	I estate - Commercial					
7		l estate - Other					
B		ectibles					
)		d inventory					
)		gs and medical supplies					
I		idermy					
2		orical artifacts					
3		entific specimens					
4		neological artifacts					
5		er \blacktriangleright (<u>ATCH 1</u>)		4.	37,	912.	
3		er ▶()					
7		er ▶()					
3		er ▶()					
)		nber of Forms 8283 received	by the ora	anization during the tax v	ear for contribution	s for	
		ch the organization completed F		• •			29
			, ,	,		-	Yes No
0a	Duri	ing the year, did the organizat	ion receive	by contribution any prope	rty reported in Part	I, line	s 1 through
		that it must hold for at least th					-
	- 1				· · · · , · · · ·		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M				
	describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
b	If "Yes," describe in Part II.			
	contributions?	32a		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	31	Х	
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard			
	If "Yes," describe the arrangement in Part II.			
	to be used for exempt purposes for the entire holding period?	30a		X

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
SEED PACKETS	Х	1.	33,833.	RESALE VALUE
CONCRETE MIX	х	1.	2,703.	RESALE VALUE
PROGRAM SUPPLIES	Х	2.	1,376.	RESALE VALUE
TOTALS	_	4.	37,912.	

Schedule M (Form 990) (2020)

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.



Department of the Treasury Internal Revenue Service Name of the organization

BIG GREEN

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.
 Inspectio
 Employer identification number

FORM 990, PART VI, SECTION A, LINE 2: KIMBAL MUSK, HUGO MATHESON AND DON DEGNAN HAVE A BUSINESS RELATIONSHIP.

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

THE BOARD OF DIRECTORS REVIEWS THE 990 PRIOR TO FILING WITH THE IRS.

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

THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY AT BOARD MEETINGS. WITH REGARD TO AN INSIDER, THE BOARD SHALL DETERMINE IF A CONFLICT OF INTEREST EXISTS. THE INSIDER(S) AND ANY OTHER INTERESTED PERSON(S) INVOLVED WITH THE TRANSACTION SHALL NOT BE PRESENT DURING THE BOARD'S DISCUSSION OR DETERMINATION OF WHETHER A CONFLICT OF INTEREST EXISTS. THE BOARD SHALL ASCERTAIN THAT ALL MATERIAL FACTS REGARDING THE TRANSACTION AND THE INSIDER'S CONFLICT OF INTEREST HAVE BEEN DISCLOSED TO THE BOARD AND SHALL COMPILE APPROPRIATE DATA, SUCH AS COMPARABILITY STUDIES, TO DETERMINE FAIR MARKET VALUE FOR THE TRANSACTION. AFTER EXERCISING DUE DILIGENCE, WHICH MAY INCLUDE INVESTIGATING ALTERNATIVES THAT PRESENT NO CONFLICT, THE BOARD SHALL DETERMINE WHETHER THE TRANSACTION IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE TO THE ORGANIZATION. THE MAJORITY OF DISINTERESTED MEMBERS OF THE BOARD THEN IN OFFICE MAY APPROVE THE TRANSACTION.

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

THE BOARD EVALUATES COMPENSATION AND APPROVES ALL ELEMENTS OF THE

COMPENSATION ARRANGEMENT IN ADVANCE. THE PARTICIPATING MEMBERS OF THE BOARD ARE ALL INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT. THE BOARD OBTAINS AND RELIES UPON APPROPRIATE COMPARABILITY DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT FOR PURPOSES OF DETERMINING THAT THE TOTAL COMPENSATION ARRANGEMENT IS REASONABLE. THE BOARD ADEQUATELY DOCUMENTS THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKING ITS DETERMINATION. THE LAST COMPENSATION REVIEW WAS MARCH 2022.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS WILL BE AVAILABLE UPON REQUEST.

FORM 990 PART XII LINE 2C

THE ORGANIZATION DID NOT CHANGE ITS AUDIT OVERSIGHT AND SELECTION

PROCEDURES DURING THE YEAR.

JSA

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

BIG GREEN CREATES HEALTHY PLACES WHERE KIDS CAN LEARN AND GROW. THROUGH OUTDOOR LEARNING ENVIRONMENTS AND PROGRAMMING, WE CULTIVATE A NETWORK OF SCHOOL COMMUNITIES THAT ADVANCE STUDENT WELLNESS, FORGE CONNECTIONS BETWEEN EDUCATION AND HEALTH, AND OFFER LEARNING EXPERIENCES THAT ENGAGE THE WHOLE CHILD.