990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

Open to Public Inspection

A F	or th	e 202	1 calenda	ır year, or ta	ıx year begi	nning	07/	01/2021	and	ending			06/	30/20	22	
D			C Name of	organization							D	Employer id	entifica	tion num	ber	
D CI	neck if ap		BIG G	FREEN												
Х	Addre	ess je		isiness As								27-508	3595			
	Name	change	Number	and street (or P	O. box if mail is	s not delivered to s	street addres	s)	Room/s	suite	E	Telephone r	umber			
	Initial	return	11001	L 120TH A	VE SUITE	400						(720)2	<u>63-0</u>	501		
	Termi		City or to	wn, state or pro	ovince, country,	and ZIP or foreigr	n postal code									
	Amen returr			MFIELD, C							G	Gross receip	ots \$	13	582	,948.
	Applio pendi		F Name ar	nd address of pr	incipal officer:	KIMBAL	MUSK				H(a	 a) Is this a gro subordinates 		for	Yes	X No
			SAME A	AS "C" AB	OVE						H(t	Are all subor		uded?	Yes	No
<u> </u>	Tax-ex	empt st	atus: X	501(c)(3)	501(c) () 《 (inser	rt no.)	4947(a)(1)	or	527		If "No," atta	ch a list.	(see instru	ctions)	
J	Websi	te: 🕨	WWW.Bl	GGREEN.O	RG						H(c) Group exem	ption nur	mber 🕨		
K	Form (nization: X	Corporation	Trust	Association	Other >		L	Year of form	mation:	2011 M	State o	f legal do	micile:	CO
Pa	art I	Sui	mmary													
	1	Briefly	describe t	the organization	on's mission o	or most significa	ant activities	: _ TO_ CO	ONNEC	T PEOI	PLE_'	TO REAL	FOO	D		
Se																
nan																
Governance	2	Check	this box	if the	organization o	discontinued its	s operation	s or dispose	ed of mo	ore than 2	5% of	its net asset	s.			
	3	Numb	er of voting	g members of	the governing	g body (Part VI,	line 1a)						3			
න් ග						the governing l							4			
itie	5	Total	number of	individuals en	nployed in cal	endar year 202	1 (Part V, li	ne 2a)					5			43
Activities	6	Total	number of	volunteers (es	timate if neces	ssary)							6			357
Ă	7a	Total	unrelated b	ousiness reven	ue from Part \	/III, column (C)	, line 12						7a			NONE
						Form 990-T, lir							7b			
											Pı	rior Year		Curr	ent Ye	ear
Ф	8	Contri	ibutions and	d grants (Part	VIII, line 1h)				V 500	\neg $lacksquare$	4	1,882,9	53.	13	,129	,668.
Revenue	9	Progra	am service	revenue (Part	VIII, line 2g)	nes 3 /1 and 7d		COP	Y FOR			197,7	47.		106	,459.
ě	10	Invest	ment incor	ne (Part VIII,	column (A), lin	ies 3, 4, and 7d)	PUBLIC II	NSPEC	ION		8,1	51.		-11	,822.
Œ	11	Other	revenue (F	art VIII, colur	nn (A), lines 5	, 6d, 8c, 9c, 10d	c, and 11e)			🖳		N	ONE		29	,801.
	12	Total	revenue - a	add lines 8 thr	ough 11 (mus	t equal Part VII	I, column (A	A), line 12) .			5	5,088,8	51.	13	, 254	,106.
	13	Grant	s and simil	ar amounts pa	id (Part IX, co	lumn (A), lines	1-3)			🖵		N	ONE	1	,464	,184.
	14	Benef	its paid to	or for member	s (Part IX, colu	umn (A), line 4)				🖳		N	ONE			NONE
S		Salaries, other compensation, employee benefits (Part IX, colum									- 3	3,361,5	84.	2	, 274	,874.
Expenses	16a	Profes	ssional fun	draising fees (Part IX, colum	n (A), line 11e)				崖		N	ONE			NONE
ď	b	Total f	fundraising	, expenses (Pa	art IX, column	(D), line 25) >	1,1	83,082.								
ш	17	Other	expenses	(Part IX, colun	nn (A), lines 1	1a-11d, 11f-24e	e)			🖳	1	L,352,4	39.	2	724	,011.
	18	Total	expenses.	Add lines 13-	17 (must equa	al Part IX, colum	n (A), line 2	25)		🖵	4	1,714,0	73.			,069.
	19	Rever	nue less ex	penses. Subtr	act line 18 fro	m line 12						374,7	78.	6	,791	,037.
Net Assets or Fund Balances										Ве	ginning	g of Current	Year	End	of Yea	ar
set	20										5	5,640,7	39.	11		<u>,659.</u>
d B	21										1	L,493,0	30.		980	<u>,863.</u>
ΣĒ	22				Subtract line 2	1 from line 20.		<u></u>			4	1,147,7	59.	10	438	<u>,796.</u>
	rt II		gnature B													
Und	der per	nalties o	of perjury, I o	declare that I have eclaration of pre	ave examined the contract of t	his return, includ an officer) is based	ing accompa	anying schedomation of whi	ules and	statement	s, and	to the best o ledge.	f my kr	owledge	and be	elief, it is
	,				, , , , , , , , , , , , , , , , , , ,		-				,					
Sig	n		-										01/2	023		
Hei			Signature of	Officer								Date				
1101	C		KIMBAL					CEC)							
			,, ,	nt name and title					1= .				1			
Paid	ı	Print/	Type prepar	ers name		Preparer's sign	nature		Date			Check	J "	ΊN		
	arer	MAR	Y JANE	PIERONI	CPA	MARY JAN	E PIE	RONI CP	A 12	2/01/2	023	self-employ	-	00538		
•	Only			BDO USA							Fin	m's EIN 🕨		-5381		
	•					RCLE STE 3						one no.		3-440	-03	99
						vn above? (see		s) <u></u>		<u></u>					es	No
For	Pape	rwork	Reduction	Act Notice, s	ee the separa	te instructions								For	m 99 (0 (2021)

Form **990** (2021)

BIG GREEN

Form 990 (2021) Page **2**

Pa	Statement of Program Service Accomplishments Check if Schodule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$4,558,474. including grants of \$1,364,184.) (Revenue \$56,019.)
	BIG GREEN PROVIDES MODULAR, EXPERIENTIAL LEARNING GARDENS AND
	FLEXIBLE MINI-GRANTS FOR SCHOOLS ACROSS THE COUNTRY TO LAUNCH OR
	EXPAND THEIR GARDEN PROGRAMS. LEARNING GARDENS ARE AN EXTENSION OF
	THE CLASSROOM AND AN ENHANCEMENT TO THE SCHOOL PLAYGROUND AND THEY
	ARE DESIGNED TO BE A PLACE KIDS WANT TO PLAY IN AND TEACHERS WANT
	TO TEACH IN, THEREBY CREATING A LONG-TERM, POSITIVE INVESTMENT FOR THE SCHOOL AND COMMUNITY.
4b	(Code:) (Expenses \$ 100,608. including grants of \$ 100,000.) (Revenue \$ NONE)
	PLANT A SEED DAY IS A VEHICLE TO SPREAD BIG GREEN'S MISSION AND
	MESSAGE TO THE MASSES WHETHER THEY HAVE A LEARNING GARDEN OR NOT.
	IT'S A WAY FOR US TO EXPAND OUR REACH AND TEACH EVEN MORE PEOPLE
	THE POWER AND THE JOY OF GROWING THEIR OWN REAL FOOD. PLANT A SEED
	DAY IS A MASSIVE DAY OF ACTION AND A CALL-TO-ARMS THAT RALLIES
	PEOPLE TO STAND UP AND SAY "THE NEXT GENERATION DESERVES A BETTER
	FOOD SYSTEM," AND THEN DO SOMETHING ABOUT IT.
4c	(Code:) (Expenses \$100,855. including grants of \$NONE_) (Revenue \$50,440)
	LITTLE GREEN GARDENS/BIG GREEN AT HOME (REBRANDED TO MILLION
	GARDENS), AND IN COMBINATION WITH PLANT A SEED DAY, ARE BIG
	GREEN'S HOME GARDEN PROGRAMS. MILLION GARDENS PROGRAM PROVIDES
	HOME GARDEN BEDS, GROW BAGS AND RELATED PROGRAMMING THAT IS
	INTENDED TO SUPPORT PEOPLE GROWING FOOD AT HOME.
<u>4</u> d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ► 4.759.937.

JSA 1E1020 1.000 7299QP R59G Part IV Checklist of Required Schedules Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		163	140
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
•	complete Schedule D, Part VI	11a	Х	
r	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	11a		
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
c	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 IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
r	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	145		21
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	of If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	I

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Part IV Checklist of Required Schedules (continued) Page 4

Pes Yes Yes Yes 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
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. 24 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. 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a
\$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
through 24d and complete Schedule K. If "No," go to line 25a. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions, for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.
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transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions, for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.
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controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II
employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III
member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III
persons? If "Yes," complete Schedule L, Part III
Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV
"Yes," complete Schedule L, Part IV
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If
"Yes," complete Schedule L, Part IV
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 31
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"
complete Schedule N, Part II
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I
or IV, and Part V, line 1
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b
36 Section 301(C)(3) Organizations. Did the organization make any transfers to an exempt non-chantable in the organization of the organization o
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
related organization? If "Yes," complete Schedule R, Part V, line 2
related organization? If "Yes," complete Schedule R, Part V, line 2
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BIG GREEN 27-5083595

Form 990 (2021) 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	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	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.)			
	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.	425		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	The original control of the control			
		14a		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	140		
15	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 the instructions and file Form 4720, Schedule N.	13		^
16		16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		Λ
17	·			
.,	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		Х
	If "Yes " complete Form 6069	· ·		

Form 990 (2021) BIG GREEN 27-5083595 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. See instructions.

	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	
	Enter the number of voting members of the governing body at the end of the tax year				
	Enter the number of voting members included on line 1a, above, who are independent				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		3.7		
	any other officer, director, trustee, or key employee?	2	X		
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following:				
а	The governing body?	8a	X		
b	Each committee with authority to act on behalf of the governing body?	8b	X		
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		Х	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	·.)		
			Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х	
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		11a	Х		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give				
-	rise to conflicts?	12b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
·	describe on Schedule O how this was done	12c	Х		
13	Did the organization have a written whistleblower policy?	13	Х		
14	Did the organization have a written document retention and destruction policy?	14	Х		
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	Х		
b	Other officers or key employees of the organization	15b	Х		
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
162	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		Х	
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			
Secti	ion C. Disclosure	. 55		<u> </u>	
	List the states with which a copy of this Form 990 is required to be filed ▶ CO,				
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (ερο	tion F	01/6\	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.		est p	olicy,	
20	State the name, address, and telephone number of the person who possesses the organization's books and record MADELEINE NELSON 11001 120TH AVE SUITE 400 BROOMFIELD, CO 80021	ls ▶			

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7299QP R59G

Form **990** (2021)

Form 990 (2021) BIG GREEN 27-5083595 Page **7**

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(1) TIGHE BROWN PRESIDENT (THRU 10/21) (2) ROBIN MARTIN DIRECTOR & OFFICER (THRU 1/22) (3) PHIL HICKS	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key	φт				compensation
PRESIDENT (THRU 10/21) (2) ROBIN MARTIN DIRECTOR & OFFICER (THRU 1/22)			ustee		Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
PRESIDENT (THRU 10/21) (2) ROBIN MARTIN DIRECTOR & OFFICER (THRU 1/22)	40.00									
(2) ROBIN MARTIN DIRECTOR & OFFICER (THRU 1/22)	NONE			Х				272,633.	NONE	6,732.
DIRECTOR & OFFICER (THRU 1/22)	40.00			21				272,033.	NONE	0,752.
	NONE	Х		х				147,560.	NONE	29,070.
(0)	40.00							1177300.	110112	257070:
VP OF GROWTH (THRU 9/21)	NONE			Х				140,316.	NONE	20,403.
(4) MADELEINE NELSON	40.00							.,	-	
VP OF ADVANCEMENT (AS OF 1/21)	NONE			Х				121,079.	NONE	12,807.
(5) LISA HEROS ELLIS	40.00							·		
DIR. OF ADVANCEMENT AS OF 2/21	NONE					Х		104,572.	NONE	7,065.
(6) DIANNA ZEEGERS	40.00									
VP OF PROGRAM (AS OF 7/21)	NONE			Х				91,907.	NONE	14,532.
(7) ERIN MACGUIRE	40.00									
CFO/TREASURER (THRU 8/21)	NONE			Х				87,577.	NONE	18,136.
(8) KIMBAL MUSK	40.00									
CEO	NONE	Х		Х				NONE	NONE	NONE
(9) DON DEGNAN	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(10) PATRICK DRAKE	1.00									
DIRECTOR (AS OF 1/22)	NONE	Х						NONE	NONE	NONE
(11) DORSEY HOPSON	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(12) WENDY LEA	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(13) HUGO MATHESON	1.00									
DIRECTOR	NONE	Х					ı I	NTO NT	370377	תדא ∩דא
(14) CINDY MERCER		1						NONE	NONE	NONE
DIRECTOR	1.00	Х						NONE	NONE	NONE

Form **990** (2021)

BIG GREEN 27-5083595

Form 990 (2021) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) (B) (C) (D) Name and title Position Reportable Reportable Estimated Average (do not check more than one hours per compensation compensation from amount of week (list any box, unless person is both an other from related officer and a director/trustee) compensation hours for the organizations Individual trustee or director Institutional trustee Highest compensated employee related from the organization (W-2/1099-MISC) organizations organization employee (W-2/1099-MISC) below dotted and related organizations 15) LARRY MUELLER 1.00 DIRECTOR NONE Χ NONE NONE NONE 16) MICHAEL TANG 1.00 DIRECTOR NONE Х NONE NONE NONE 1b Sub-total 965,644. NONE 108,745. NONE NONE c Total from continuation sheets to Part VII, Section A NONE 965,644. NONE 108,745. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated 3 Х For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Х **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

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NONE

Form 990 (2021) BIG GREEN 27-5083595 Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a respo		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512-51
ts .	1a	Federated campaigns 1a					
티	b	Membership dues 1b					
Ě	С	Fundraising events 1c	2,243,326.				
a	d	Related organizations 1d					
Ē	е	Government grants (contributions) 1e	852,334.				
S.	f	All other contributions, gifts, grants,					
þer		and similar amounts not included above . 1f	10,034,008.				
and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f 1g	\$ 5,530,017.				
- a	h	Total. Add lines 1a-1f		13,129,668.			
			Business Code				
:	2a	BUILD LEARNING GARDENS	339999	106,459.	106,459.		
ne	b						
Kevenue	С						
è	d						
_	е						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		106,459.			
;	3	Investment income (including dividends,					
		other similar amounts)		6,766.			6,76
	4	Income from investment of tax-exempt bon	·	NONE			+
'	5	Royalties	(ii) Personal	NONE			
	_		(II) Felsoliai				
'	6a	Gross rents 6a					
	b	Less: rental expenses 6b Rental income or (loss) 6c					
	C	rterital meenie er (ieee)		NONE			
١.	d 70	Net rental income or (loss)	(ii) Other	NONE			
- '	7a	0.000 amount nom	(II) Other				
		sales of assets	NONE				
.	b	other than inventory 7a Less: cost or other basis	NOINE				
	b	and sales expenses 7b	18,588.				
?	С	Gain or (loss) 7c	-18,588.				
	d	Net gain or (loss)		-18,588.			-18,58
	_	Gross income from fundraising		,,,,,,,			
วี '	8a	events (not including \$2,243,326.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	310,254.				
	b	Less: direct expenses 8b	310,254.				
	c	Net income or (loss) from fundraising events		NONE			NC
	9a	Gross income from gaming					
	-u	activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities		NONE			
10	0a	Gross sales of inventory, less					
'	• •	returns and allowances	NONE				
	b	Less: cost of goods sold	NONE				
		Net income or (loss) from sales of inventory.		NONE			
			Business Code				
<u>م</u> ا	1a	MISCELLANEOUS REVENUE	900099	29,801.			29,80
en	b						
Revenue	С						
מצ	d	All other revenue					
	е	Total. Add lines 11a-11d	.	29,801.			
12	2	Total revenue. See instructions	.	13,254,106.	106,459.		17,97
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Form 990 (2021) BIG GREEN 27-5083595 Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a resp			•	
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D) Fundraising
8b,	9b, and 10b of Part VIII.	lotal expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,464,184.	1,464,184.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	928,581.	572,455.		356,126.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	NONE	505 400	T1 422	200 684
	Other salaries and wages	1,099,516.	727,409.	71,433.	300,674.
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)	117 (()	CO 702	00 104	24 012
	Other employee benefits	117,660.	60,723.	22,124.	34,813.
10	Payroll taxes	129,117.	87,068.	4,626.	37,423.
11	` ' ' '	NONE			
	Management	NONE FO 370	2 (02	FA 777	
	Legal	58,379.	3,602.	54,777.	
	Accounting	195,103.	2,251.	192,852.	
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE NONE			
	f Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column	218,309.	207,434.	9,542.	1,333.
12	(A), amount, list line 11g expenses on Schedule O.) Advertising and promotion	55,789.	30,953.	21,512.	3,324.
	Office expenses	34,329.	12,964.	9,436.	11,929.
13 14	Information technology	67,686.	5,139.	53,650.	8,897.
15	Royalties.	NONE	3,137.	33,030.	0,057.
16	Occupancy	74,932.	60,511.	6,558.	7,863.
	Travel	152,311.	78,672.	25,335.	48,304.
18		132/311.	707072.	237333.	10,301.
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	7,810.	6,092.	390.	1,328.
23	Insurance	17,288.	•	17,288.	•
24				·	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	GARDEN PROGRAMMING	973,606.	949,562.	24,044.	NONE
b	GARDEN BEDS	490,875.	490,875.	NONE	NONE
c	BANK FEES & DUES	315,901.	43.	6,483.	309,375.
c	FUNDRAISING EXPENSES	61,693.			61,693.
e	All other expenses				
	Total functional expenses. Add lines 1 through 24e	6,463,069.	4,759,937.	520,050.	1,183,082.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
					Form QQ0 (2024)

Form 990 (2021) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	NONE	1	1,000,000.
	2	Savings and temporary cash investments	4,770,115.	2	9,852,981.
	3	Pledges and grants receivable, net	500,000.	3	345,000.
	4	Accounts receivable, net	NONE	4	108,520.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ţ	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	209,646.	8	412.
ğ	9	Prepaid expenses and deferred charges	122,133.	9	90,178.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 95,168.			
	b	Less: accumulated depreciation	26,389.	10c	10,162.
	11	Investments - publicly traded securities	NONE	11	NONE
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11	NONE		NONE
	14	Intangible assets	2,406.	14	2,406.
	15	Other assets. See Part IV, line 11	10,100.	15	10,000.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,640,789.	16	11,419,659.
	17	Accounts payable and accrued expenses	88,696.	17	500,863.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	1,404,334.	19	480,000.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
S	22	Loans and other payables to any current or former officer, director,	110112		110112
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
į		controlled entity or family member of any of these persons	NONE	22	NONE
<u>9</u>	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	110111		110111
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	1,493,030.		980,863.
S		Organizations that follow FASB ASC 958, check here ▶ X	1,100,000.	20	200,003.
ance	27	and complete lines 27, 28, 32, and 33.	2 556 261		E 10E 000
Bal	27 28	Net assets without donor restrictions	3,556,324. 591,435.	27	5,127,833.
P	20	Organizations that do not follow FASB ASC 958, check here ▶	591,435.	28	5,310,963.
Net Assets or Fund Balances		and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
šeti	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et '	32	Total net assets or fund balances	4,147,759.	32	10,438,796.
Z	33	Total liabilities and net assets/fund balances	5,640,789.	33	11,419,659.
_					Form 990 (2021)

7299QP R59G **15**

BIG GREEN 27-5083595

Form 990 (2021) Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	3,2	54,	<u> 106</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,4	63,	069
3	Revenue less expenses. Subtract line 2 from line 1	3		6,7	91,	037
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		4,1	47,	<u>759</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		<u>-5</u>	00,	000
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	0,4	38,	<u> 796</u>
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

Form **990** (2021)

JSA 1E1054 1.000

7299QP R59G 16

Public Charity Status and Public Support

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 27-5083595

		REEN					27-5	083595
Pa	τl	Reason for Public Cha	rity Status. (All	organizations must	complet	te this pa	art.) See instruction	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	overnment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	ostantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe						
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investm acquired by the organization	ited to its exempt finent income and un on after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	s; and (2) no more than s section 511 tax) from Part III.)	n 331/3 % of its
11	Щ	An organization organized	•	, ,	,		` ' ' '	
12		An organization organized a	•	•				• •
		one or more publicly suppo						
		the box on lines 12a throug		**			·	· · · · ·
а	L	Type I. A supporting orga	•	•	-		• , ,	
		the supported organization				ajority of	the directors or truste	es of the
	supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having							
b	L		•				•	. , .
	control or management of the supporting organization vested in the same persons that control or manage the supported							
		organization(s). You must	=				206	II - Cata amata da 206
С		Type III functionally integ						ily integrated with,
لہ		its supported organization		•				tod organization(s)
d		Type III non-functionally that is not functionally interest.			-			
		•	•	• •	•		•	a an attentiveness
е		requirement (see instructCheck this box if the orga	•	-				II. Typo III
-		functionally integrated, or						п, туре ш
f	Fn	ter the number of supported			porting c	nyanizai	IOII.	
a		ovide the following information	=					
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	•	.,		(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
/A\						110		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ıl							

BIG GREEN 27-5083595

Schedule A (Form 990) 2021 Page **2**

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,465,973.	9,096,619.	6,120,387.	4,882,953.	13,129,668.	41,695,600.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	8,465,973.	9,096,619.	6,120,387.	4,882,953.	13,129,668.	41,695,600.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) SEE SUPP PAGE						5,101,361.
6	Public support. Subtract line 5 from line 4						36,594,239.
_	tion B. Total Support						30,331,233.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	8,465,973.	9,096,619.	6,120,387.	4,882,953.	13,129,668.	41,695,600.
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.	6,766.	100,401.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	NONE	5,144.	1,625.	NONE	NONE	6,769.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE	NONE	NONE	NONE	NONE	29,801.	29,801.
11	Total support. Add lines 7 through 10						41,832,571.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	4,430,742.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.			, third, fourth,	or fifth tax yea	r as a section	501(c)(3)
Sec	tion C. Computation of Public Sup		_				
14	Public support percentage for 2021 (lin	. ,		, ,		14	87.48 %
15	Public support percentage from 2020					15	88.53 %
16a	33 1/3% support test - 2021. If the org	='					
	box and stop here. The organization qu	•		_			
b	331/3% support test - 2020. 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			=	-		pported
_	organization						🟲 🗀
b	10%-facts-and-circumstances test - 2	_					
	15 is 10% or more, and if the organiz						•
	in Part VI how the organization meets				•	•	
40	organization						
18	Private foundation. If the organizatio						
	instructions						<u> 🟲 🗀</u>

BIG GREEN 27-5083595

Schedule A (Form 990) 2021 Page **3**

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.)

				-	-	-	
	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
	loss from the sale of capital assets						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
13	and 12.)						
14	First 5 years. If the Form 990 is for	the organizat	ion's first secon	d third fourth	or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and stop here .	•			•		```
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,		_	mn (f))		15	%
16	Public support percentage from 2020 Scheo					16	%
	tion D. Computation of Investment					<u>, </u>	,0
17	Investment income percentage for 2021 (lin			13. column (f))		17	%
18	Investment income percentage from 2020 S						
	331/3% support tests - 2021. If the org					•	
. J u	17 is not more than 331/3%, check this	_					
h	331/3% support tests - 2020. If the orga		_				
	line 18 is not more than 331/3%, check						. \square
20	Private foundation. If the organization of		•	•			

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Part IV **Supporting Organizations**

Schedule A (Form 990) 2021

(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

- Are all of the organization's supported organizations listed by name in the organization's governir documents? If "No." describe in Part VI how the supported organizations are designated. If designated l class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) ar satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(l purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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 discretic despite being controlled or supervised by or in connection with its supported organizations.
- 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 use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(l 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 El 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 actic was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 entiwith regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on lin 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 organization described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in whic the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal bene from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	NO
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Page 4

Page 5

BIG GREEN 27-5083595

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations	110		
00011	51 D. Type I capper and 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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
00011	511 511 7111 Type in cupper ting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	_		
Cooti	on E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in s	-truoti	'onol	
1 a	The organization satisfied the Activities Test. Complete line 2 below.	su ucu	ons).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	uctions	s).
			Yes	
2	Activities Test. Answer lines 2a and 2b below.			
а	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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 .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Schedule A (Form 990) 2021 JSA 1E1230 1.000

BIG GREEN 27-5083595

Schedule A (Form 990) 2021 Page **6**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizations	3	
1 Check here if the organization satisfied the Integral Part Test as a qualify instructions. All other Type III non-functionally integrated supporting organization.			
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)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
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-function	nally integra	ted Type III supporting	g organization
(see instructions).	, ,	21 11 1	- -

Schedule A (Form 990) 2021

22

BIG GREEN 27-5083595

 Schedule A (Form 990) 2021
 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	Section D - Distributions					
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	6				
7	Total annual distributions. Add lines 1 through 6.	7				
8	Distributions to attentive supported organizations to which the organization is responsive					
	(provide details in Part VI). See instructions.	8				
9	Distributable amount for 2021 from Section C, line 6	9				
10	Line 8 amount divided by line 9 amount	10				

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

23

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Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number 27_5083505 BIG GREEN

DIG GKEEN	27-3063393						
Organization type (check or	ne):						
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	s covered by the General Rule or a Special Rule.						
Note: Only a section 501(c) instructions.	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 y or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.						
Special Rules							
regulations under 16b, and that rece	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or eived from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or bunt on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, during literary, or educat	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.						
contributor, during contributions total during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one go the year, contributions exclusively for religious, charitable, etc., purposes, but no such led more than \$1,000. If this box is checked, enter here the total contributions that were received or an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the lies to this organization because it received nonexclusively religious, charitable, etc., contributions 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), 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).

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

Schedule B (Form 990) (2021)

7299QP R59G

Schedule B (Form 990) (2021) Name of organization Employer identification number 27-5083595 BIG GREEN

Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
	Continuation (Coo monactions).	coc auphoute copies of fair f	ii additional opaco io nocaca.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	N/A	\$1,991,675.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$1,475,344	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$1,002,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
4_	N/A	\$543,188.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

BIG GREEN

Employer identification number
27-5083595

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	CRYPTOCURRENCY - 305.5 SHS ETHEREUM		
		\$\$\$	12/25/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	CRYPTOCURRENCY - 305.5 SHS ETHEREUM		
			09/20/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(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
		\ \$	

Page 3

Name of organization **Employer identification number** BIG GREEN 27-5083595 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (b) Purpose 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 (a) No. from (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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2021)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number

BIC	GREEN					<u>7-508359</u>	95		
Pa	rt I Organizations Maintaining Donor Ad				r Accoun	ts.			
	Complete if the organization answere								
		(a) Donor advi	sed fu	unds	(b) F	unds and o	ther accour	nts	
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and dono	or advisors in writing th	at th	ne assets held	in donor	advised			
	funds are the organization's property, subject to the	_		_			Yes	N	lo
6	Did the organization inform all grantees, donors,								
	only for charitable purposes and not for the ben								
_	conferring impermissible private benefit?					<u>l</u>	Yes	N	lo
Pa	rt Conservation Easements.			n / 1: =					
	Complete if the organization answere								
1	Purpose(s) of conservation easements held by the	- '	that						
	Preservation of land for public use (for examp	le, recreation or education)	Н	Preservation					
	Protection of natural habitat			Preservation	of a certif	ied historio	c structure)	
_	Preservation of open space								
2	Complete lines 2a through 2d if the organization	held a qualified conserv	ation	contribution ir		of a conse		Fay Va	
	easement on the last day of the tax year.					iu at the E	ind of the	iax rea	11
а	Total number of conservation easements				2a				—
b	Total acreage restricted by conservation easemen				2b				—
C	Number of conservation easements on a certified			` '	2c				—
d	Number of conservation easements included in				24				
•	historic structure listed in the National Register.				2d	the erge.	.:-atian d		
3	Number of conservation easements modified, tr	ansierieu, releaseu, ex	ingu	isnea, or term	mated by	the organ	iization u	uring	me
4	tax year ▶ Number of states where property subject to cons	oryation accoment is les	otod	_					
5	Does the organization have a written policy re				tion hand	lling of			
J	violations, and enforcement of the conservation e					-	Yes		No
6	Staff and volunteer hours devoted to monitoring, ins								
•	b	pecting, narialing of viole	itionis,	, and emoreing	conscivati	on cascinci	into during	tile y	Jai
7	Amount of expenses incurred in monitoring, inspe	cting handling of violation	ns a	and enforcing c	onservatio	n easeme	nts during	the v	ar
•	►\$	oung, nanamig or violatio	,,,,,	and officially o	onoon ratio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nio dannig	o y	<i>,</i> .
8	Does each conservation easement reported on line	2(d) above satisfy the re	auire	ements of sect	ion 170(h)	(4)(B)(i)			
•	and section 170(h)(4)(B)(ii)?	· ·	•				Yes		No
9	In Part XIII, describe how the organization reports					statement			
-	balance sheet, and include, if applicable, the text				•			ne	
	organization's accounting for conservation easem	ents.							
Pa	rt III Organizations Maintaining Collection				r Similar	Assets.			
	Complete if the organization answere	d "Yes" on Form 990,	Part	IV, line 8.					
1a	If the organization elected, as permitted under F	ASB ASC 958, not to	repor	rt in its revenu	ie stateme	ent and ba	lance she	et wo	rks
	of art, historical treasures, or other similar ass service, provide in Part XIII the text of the footnote	ets held for public ext	nibitio	on, education, hat describes t	or resea	rch in furt	herance	of pu	olic
b	If the organization elected, as permitted under						re sheet	works	: of
	art, historical treasures, or other similar assets h provide the following amounts relating to these ite	eld for public exhibition							
	(i) Revenue included on Form 990, Part VIII, line					▶ \$			
	(ii) Assets included in Form 990, Part X					▶ \$			
2	If the organization received or held works of	art, historical treasures	, or	other similar	assets for	financial	gain. pro	vide	the
	following amounts required to be reported under						J P		
а	Revenue included on Form 990, Part VIII, line 1.					▶ \$_			
b	Assets included in Form 990, Part X					▶ \$			_

Schedule D (Form 990) 2021 BIG GREEN 27-5083595 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): а Public exhibition Loan or exchange program Scholarly research b Other Preservation for future generations c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c e Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (a) Current year (b) Prior year (d) Three years back (e) Four years back 1a Beginning of year balance c Net investment earnings, gains, d Grants or scholarships Other expenditures for facilities f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment **b** Permanent endowment Term endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: 3a(i) 3a(ii) Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated Description of property (a) Cost or other basis (b) Cost or other basis (d) Book value depreciation (investment) (other) **b** Buildings

Schedule D (Form 990) 2021

10,162

10,162

JSA 1F1269 1 000

c Leasehold improvements......d Equipment.....

7299QP R59G **31**

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

95,168.

85,006

<u>Schedule D (Form 990) 2021 BIG GREEN 27-5083595 Page 3</u>

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Bescription of security (including name of security) (including name of securi	Part VII	Investments - Other Securities.	"Yes" on Form 990	Part IV line 11h See Form 990	Part X line 12
2) Closely held equity interests		(a) Description of security or category		(c) Method of valuati	on:
(3) Other (A) (B) (C)	(1) Financi	al derivatives			
(A) (B) (C) (C) (D) (E) (F) (F) (G) (H) (G) (H) (F) (G) (H) (G) (G) (H) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(2) Closely	held equity interests			
(E) (C) (D) (E) (E) (F) (G) (F) (G) (H) Total. (Clubran (b) must equal From 990, Part X, col. (B) line 12.) ▶ Total. (Clubran (b) must equal From 990, Part X, col. (B) line 12.) ▶ Total. (Clubran (b) must equal From 990, Part X, col. (B) line 12.) ▶ (a) Description of investment (b) Book value (g) Muthod of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (19) (19) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	(3) Other _				
C C C C C C C C					
(b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	(B)				
(E) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					
(F) (G) (F) (G) (F) (H) (F) (G) (H) (F) (H) (F) (H) (F) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					
(G) (H) Total. (Column (b) must equal Form 990, Part X. col. (B) line 12.) ▶ Part W (a) Description of investment (b) Book value (c) Method of valuation: Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-d-lyear market value (d) (e) (f) (g)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)					
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value					
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13). ▶ Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (f) (g) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶	Part VIII		"\/aa" an Farm 000	Dout IV line 44 c Coo Form 000	Dowl V. Line 40
Cost or end-of-year market value					
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9)		(a) Description of investment	(b) Book value		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9)	(1)			,	
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(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (6) (6) (7) (7) (8) (9) (9) (9) (9) (1) (9) (1) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1					
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10 10 10 10 10 10 10 10					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). ▶					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Part IX		"Yes" on Form 990), Part IV, line 11d. See Form 990,	Part X, line 15.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)		(a) De	scription		(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(1)				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)					
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)					
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)					
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)					
Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(9)	uman (h) musat agusal Farma 000 Part V and (D) I	ino 4F \		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)			ne 15.)		
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9)	Part X	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11e or 11f. See Form	n 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9)	1.	(a) Descrip	tion of liability		(b) Book value
(3) (4) (5) (6) (7) (8) (9)	(1) Feder	ral income taxes			
(3) (4) (5) (6) (7) (8) (9)	(2)				
(4) (5) (6) (7) (8) (9)					
(6) (7) (8) (9)					
(6) (7) (8) (9)					
(7) (8) (9)					
(8) (9)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ▶	(9)				
	Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)			

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

JSA 1E1270 1.000 Schedule D (Form 990) 2021

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BIG GREEN 27-5083595 Page **4**

Schedu	le D_(Form 990) 2021 BIG_GREEN	27-	-5083595	Page 4
Part	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			
b	Other (Describe in Part XIII.)			
C	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		_		
- art	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.)			
е	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			
b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5		
	XIII Supplemental Information.			
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform			X, line

Schedule D (Form 990) 2021 BIG GREEN Page 5 27-5083595

Part XIII Supplemental Information (continued)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	·· ··· · · · · · · · · · · · · · · · ·						
	GREEN					27-508359	
Part	Fundraising Activities. Comp	lete if the organi	ization an	swered "	Yes" on Form 99	90, Part IV, line 1	7.
	Form 990-EZ filers are not re	quired to comple	te this pa	rt.			
1	Indicate whether the organization rais	sed funds through a	any of the	following	activities. Check a	all that apply.	
а	Mail solicitations	e		_	non-government g		
b	Internet and email solicitations	f			government grants		
	Phone solicitations				•	•	
C		g	Spec	Jai Turiura	ising events		
d	In-person solicitations						
2a	Did the organization have a written or						
	or key employees listed in Form 990,						Yes No
b	If "Yes," list the 10 highest paid indiv		(fundraise	rs) pursua	int to agreements	under which the	fundraiser is to be
	compensated at least \$5,000 by the	organization.					
			(iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual	(ii) Activity		r control of	(iv) Gross receipts	(or retained by) fundraiser listed in	(or retained by)
	or entity (fundraiser)		contributions?		from activity	col. (i)	organization
			Yes	No			
1							
•							
2							
2							
_							
3							
4							
5							
6							
7							
8							
•							
9							
3							
40							
10							
Total				<u></u> ▶			
3	List all states in which the organizat	tion is registered of	or licensed	to solicit	contributions or	has been notified	it is exempt from
	registration or licensing.						

		(/		210 01022								0000	,,,	
Pa	rt II	Fundraising	Events.	Complete if	the organiza	tion ansv	ered "Yes	on Forr	n 990,	Part IV,	line 18	, or re	ported	more
		than \$15,000	of fundi	aising event	contributions	and gro	ss income	on Form	990-EZ	<u>Z</u> , lines	1 and 6	b. List	events	with
		gross receipts	greater th	nan \$5,000.										

		gross receipts greater than \$5,00	0.			
			(a) Event #1 ASPEN 2022	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	2,553,580.			2,553,580.
₩		Less: Contributions Gross income (line 1 minus	2,243,326.			2,243,326.
		line 2)	310,254.			310,254.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	168,092.			168,092.
Direct Expenses	7	Food and beverages	91,661.			91,661.
Direc	8	Entertainment	17,900.			17,900.
	9	Other direct expenses	32,601.			32,601.
	10 11	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colu ne 10 from line 3, colu	mn (d) umn (d)		310,254.
Pa	rt l	Gaming. Complete if the org	janization answered "	Yes" on Form 990,	Part IV, line 19, or	reported more than
4)		\$15,000 on Form 990-EZ, lin	ie 6a.	(IN Dull take /in atoms		(d) Total gaming (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Re	1	Gross revenue				
sesu	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	No Yes%	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)	>	
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 a b	ì	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:		in each of these state	es?	. Yes No
10a k		Were any of the organization's gaming	g licenses revoked, susp		uring the tax year?	Yes No

Sched	dule G (Form 990 or 990-EZ) 2021 BIG GREEN	27-50	83595	Page 3
<u></u>	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti			
	formed to administer charitable gaming?	-	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b				%
14	Enter the name and address of the person who prepares the organization's gaming/special events bool			,,,
•	records:	to and		
	Name N			
	Name ▶			
	Address			
	Address			
15 a	Does the organization have a contract with a third party from whom the organization receives	namina		
1 J a	revenue?	r	Yes	No
b		and the	163 [140
D	amount of gaming revenue retained by the third party.	and the		
_	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:			
С	if "Yes," enter name and address of the third party:			
	Name ▶			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а		oceeds to		
-	retain the state gaming license?		Yes	No
b				
	or spent in the organization's own exempt activities during the tax year > \$			
Par		(iii) and (v). and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition			
	(see instructions).			
	, , ,			

37

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

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization						Employer identificat	ion number
BIG GREEN						27-5083595)
Part I General Information on Grants a	and Assistanc	e				'	
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's prod 	ants or assistand cedures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No
Part IV, line 21, for any recipien		-					res on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GARDENEERS							MILLION GARDENS
3414 W ROOSEVELT RD CHICAGO, IL 60624-4338	46-4651665		200,000.				MOVEMENT
(2) BROWNSVILLE WELLNESS COALITION, INC.							
1 W UNIVERSITY BLVD BROWNSVILLE, TX 78520	46-1309221		50,000.				BIG GREEN DAO
(3) DJ CHONZ FOUNDATION							
19148 E. MILAN CIRCLE AURORA, CO 80013	54-1254491		50,000.				BIG GREEN DAO
(4) FIRST NATIONS DEVELOPMENT INSTITUTE							
2432 MAIN ST., 2ND FL LONGMONT, CO 80501	84-3753672		50,000.				BIG GREEN DAO
(5) HEART, HAND, AND SOUL PROJECT							
220 ARROWHEAD BLVD JONESBORO, GA 30236	82-1127395		50,000.				BIG GREEN DAO
(6) KERES CHILDREN'S LEARNING CENTER							
P.O. BOX 113 COCHITI PUEBLO, NM 87072	45-4511408		50,000.				BIG GREEN DAO
(7) PROJECT SWEETIE PIE							
5115 EXCELSIOR ST LOUIS PARK, MN 55416-2906	46-4183605		50,000.				BIG GREEN DAO
(8) HIP HOP IS GREEN							
P.O. BOX 26742 FEDERAL WAY, WA 98093	83-1742878		40,000.				BIG GREEN DAO
(9) CHICAGO PUBLIC SCHOOLS RRB							
42 W. MADISON STREET CHICAGO, IL 60602	27-5083595		37,500.				JUMPSTART
(10) MOHAMMED SCHOOLS OF ATLANTA							
735 FAYETTEVILLE RD SE ATLANTA, GA 30316	02-0647247		30,000.				BIG GREEN DAO
(11) OURSPACE WORLD INC							
02 FITZGIBBON CT. BOWIE, MD 20721	61-1663030		30,000.				BIG GREEN DAO
(12) THINK GREEN INC.							
4820 FENTON STREET BOISE, ID 83714	47-2382026		30,000.				BIG GREEN DAO
2 Enter total number of section 501(c)(3) ar	nd government o	organizations lis	sted in the line 1 tal	ole			49
3 Enter total number of other organizations	•	•					NONE

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

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

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

OMB No. 1545-0047 2021

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Inspection ► Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number BIG GREEN 27-5083595 **General Information on Grants and Assistance** Part I 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Yes No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) AUSTIN ISD 4000 S I-H 35 FRONTAGE RD AUSTIN, TX 78704 74-2654168 26,000. JUMPSTART (2) BIG HEROES, INC. 81-4637011 814 BOCA CHICA BLVD BROWNSVILLE, TX 78520 25,000. BIG GREEN DAO (3) BLACK SUSTAINABILITY INC. 170 CHICAMAUGA PL SW ATLANTA, GA 30314 85-3364819 25,000. BIG GREEN DAO (4) CENTER FOR URBAN TRANSFORMATION 20-0709647 25,000. 7748 S SAGINAW AVENUE CHICAGO, IL 60649 BIG GREEN DAO (5) FRONTLINE FARMING P.O. BOX 1867 ARVADA, CO 80001 83-3496361 25,000. BIG GREEN DAO (6) KIDS ABOVE EVERYTHING 81-3757873 2840 FAIRFAX STREET DENVER, CO 80207 25,000. BIG GREEN DAG (7) LIGHT CARRIER 85-2918684 15524 E EVANS AVENUE AURORA, CO 80013 25,000 BIG GREEN DAO (8) MONTBELLO 2020 82-0727957 P.O. BOX 39763 DENVER, CO 80239-4064 25,000. BIG GREEN DAO (9) PILLSBURY UNITED COMMUNITIES 3650 FREMONT AVE MINNEAPOLIS, MN 55412 41-0916478 25,000. BIG GREEN DAO (10) REVIVAL OF CULTURAL ARTS 1452 E. MADISON ST BROWNSVILLE, TX 78520 46-4554886 25,000. BIG GREEN DAO (11) ST CROIX FOUNDATION FOR COMMUNITY, INC. P.O. BOX 1128 CHRISTIANSTED, VI 00821-1128 66-0480131 25,000. BIG GREEN DAG (12) URBAN PROGRESS ALLIANCE 1240 RAY CHARLES TAMPA, FL 33602 25,000. BIG GREEN DAO 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

Name of the organization **Employer identification number** BIG GREEN 27-5083595 **General Information on Grants and Assistance** Part I 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Yes No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) URBAN SYMBIOSIS 1637 PEARL STREET BOULDER, CO 80302 85-3676804 25,000. BIG GREEN DAO (2) SCHOOLSEED FOUNDATION 26-4477567 23,500. 2670 UNION AVENUE MEMPHIS, TN 38112 JUMPSTART (3) APPETITE FOR CHANGE 1200 WEST BDWYAVE MINNEAPOLIS, MN 55411 27-5112040 20,000. BIG GREEN DAO (4) BUILDING EDUCATION 81-5150344 20,000. 4244 JUDAH ST. SAN FRANCISCO, CA 94122 BIG GREEN DAO (5) FRIENDSHIP OF WOMEN INC P.O. BOX 3112 BROWNSVILLE, TX 78523 74-2209659 20,000. BIG GREEN DAO (6) FRUITFUL COMMONS 85-1526897 1217 ALEGRIA ROAD AUSTIN, TX 78757 20,000. BIG GREEN DAG (7) SAN DIEGO FOOD SYSTEM ALLIANCE 84-2242207 845 15TH STREET SAN DIEGO, CA 92101 20,000 BIG GREEN DAO (8) SPROUT CITY FARMS 5620 W 14TH AVENUE LAKEWOOD, CO 80214 35-2415295 20,000. BIG GREEN DAO (9) POUDRE HIGH SCHOOL 201 S IMPALA DR FORT COLLINS, CO 80521-2216 46-1306600 12,684 THMPSTART (10) CULTURETRUST GREATER PHILADEPHIA 1315 WALNUT ST PHILADELPHIA, PA 19107 46-3109411 10,000. PLANT A SEED DAY (11) DARNALL CHARTER SCHOOL 6020 HUGHES STREET SAN DIEGO, CA 92115 32-0109272 10,000. BIG GREEN DAO (12) FMW NONPROFIT SOLUTIONS 13033 RIDGEDALE DRIVE HOPKINS, MN 55305 84-3753672 10,000. PLANT A SEED DAY 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

2021

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

name of the organization						Employer identificati	on number
BIG GREEN						27-5083595	
Part I General Information on Grants a	nd Assistance	9					
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's process. 	ents or assistanc	e?					Yes No
Part II Grants and Other Assistance to	Domestic Org	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient	that received	more than \$5	,000. Part II can I	oe duplicated if a	additional space is r	needed.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FREEDOM BOUND CENTER							
2574 21ST STREET SACRAMENTO, CA 95818	68-0477373		10,000.				PLANT A SEED DAY
(2) GEORGIA FOUNDATION FOR AGRICULTURE							
1620 BASS ROAD MACON, GA 31210	47-2035360		10,000.				BIG GREEN DAO
(3) GLOBAL GROWERS NETWORK							
500 S COLUMBIA DRIVE DECATUR, GA 30030	46-2247454		10,000.				PLANT A SEED DAY
(4) GLOBAL IMPACT							
1199 NORTH FAIRFAX ST ALEXANDRIA, VA 22314	52-1273585		10,000.				BIG GREEN DAO
(5) INSIGHT GARDEN PROGRAM							
2081 CENTER STREET BERKELEY, CA 94704	46-3998218		10,000.				PLANT A SEED DAY
(6) JUST ROOTS							
1525 S SANGAMON STREET CHICAGO, IL 60608	82-4241543		10,000.				PLANT A SEED DAY
(7) PAINTED DESERT DEMONSTRATION PROJECTS							
145 LEUPP ROAD FLAGSTAFF, AZ 86004	86-0710679		10,000.				PLANT A SEED DAY
(8) SOUTHWEST DETROIT ENVIRONMENTAL VISION							
P.O. BOX 442012 DETROILT, MI 48224	38-3068006		10,000.				PLANT A SEED DAY
(9) SPROUTIN UP CORPORATION							
1301 BUTTONWOOD DR FORT COLLINS, CO 89525	46-1210103		10,000.				BIG GREEN DAO
(10) TALMAR							
1954 CROMWELL BRIDGE RD PARKVILLE, MD 21234	52-2165052		10,000.				PLANT A SEED DAY
(11) THE HEALTHY EARTH ORGANIZATION							
10201 OLIVEWOOD WAY ESTERO, FL 33928	85-4369761		10,000.				BIG GREEN DAO
(12) WEECYCLE							
20 S. HAVANA STREET AURORA, CO 80012	82-3096264		10,000.				BIG GREEN DAO
2 Enter total number of section 501(c)(3) an	d government o	organizations lis	sted in the line 1 tal	ole		▶	
3 Enter total number of other organizations I	isted in the line	1 table					

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

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

OMB No. 1545-0047 2021

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization Employer identification number BIG GREEN 27-5083595 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Yes No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (b) EIN (h) Purpose of grant (if applicable) cash assistance noncash assistance or assistance or government grant (1) DENVER PUBLIC SCHOOLS 1860 LINCOLN STREET DENVER, CO 80203 84-1224325 7,500. JUMPSTART (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)

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

Schedule I (Form 990) (2021) BIG GREEN 27-5083595 Page **2**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
_2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 1:

GRANTEE COMPLETES AN ANNUAL SUMMARY REPORT. WE ALSO MONITOR THROUGH A

GRANT AGREEMENT WHICH LISTS WHAT THE FUNDS CAN BE USED FOR.

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BIG GREEN

Employer identification number

27-5083595

Part	Questions Regarding Compensation						
	-		Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all						
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line						
	1a?	2					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	Independent compensation consultant X Compensation survey or study						
	Form 990 of other organizations X Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:						
а	Receive a severance payment or change-of-control payment?	4a	Х				
b	and the second s						
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:						
а	The organization?	5a		X			
b	Any related organization?	5b		Х			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
	compensation contingent on the net earnings of:						
а	The organization?	6a		Х			
b	Any related organization?	6b		X			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			37			
o	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe						
		8		v			
9	in Part III	0		X			
J	Regulations section 53.4958-6(c)?	9					

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Schedule J (Form 990) 2021 BIG GREEN 27-5083595 Page **2**

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.

(A) Name and Title		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(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)	262,877.	NONE	9,756.		6,732.	279,365.	NONE
1 PRESIDENT (THRU 10/21)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROBIN MARTIN	(i)	147,560.		NONE		29,070.	176,630.	NONE
2 DIRECTOR & OFFICER (THRU 1/22)	(ii)	NONE	NONE		NONE	NONE		NONE
PHIL HICKS	(i)	135,591.	NONE			20,403.	160,719.	NONE
3 VP OF GROWTH (THRU 9/21)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
45	(i)							
15	(ii)							
40	(i)							
16	(ii)							

Schedule J (Form 990) 2021 BIG GREEN 27-5083595 Page **3**

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.

PART I, LINE 4A:

TIGHE BROWN \$100,000

PHILIP HICKS \$ 33,750

Noncash Contributions

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

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public

Inspection

Name of the organization
BIG GREEN

Part I

Department of the Treasury Internal Revenue Service

Types of Property

Employer identification number

27-5083595

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous		1,658	5,116,736.	RESALE VA	LUE		
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	X	2	104,650.	RESALE VA	LUE		
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(SEE SUPP PAGE)		5.	348,631.				
26	Other ►()							
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received	by the ora	anization during the tax ve	ear for contributions for				
-					29		N	ONE
	which the organization completed Form 8283, Part V, Donee Acknowledgement							No
30a	During the year, did the organizat	ion receive	by contribution any propei	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least the				_			
	to be used for exempt purposes for	-				30a		X
b	If "Yes," describe the arrangement i							
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard							
	contributions?							
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?	-	_			32a		X
b	If "Yes," describe in Part II.				-			
	If the organization didn't report an	amount in c	olumn (c) for a type of prop	perty for which column (a)) is checked.			
	describe in Part II.				,			

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

Schedule M (Form 990) (2021) BIG GREEN 27-5083595 Page **2**

Part II Suppleme

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.

PART I, LINE 31:

BIG GREEN SOLICITS AND ACCEPTS GIFTS FOR PURPOSES THAT WILL HELP THE

ORGANIZATION FURTHER AND FULFILL ITS MISSION. BIG GREEN SEEKS ADVICE FROM

COUNSEL RELATED TO GIFTS (1) OF SECURITIES, (2) DOCUMENTS NAMING BIG

GREEN AS TRUSTEE OR REQUIRING BIG GREEN TO ACT IN A FIDUCIARY CAPACITY,

(3) THAT REQUIRE BIG GREEN TO ASSUME FINANCIAL OBLIGATIONS (4) WITH

POTENTIAL CONFLICTS OF INTEREST AND (5) WHICH MAY BE SUBJECT TO

REGULATORY RESTRICTIONS. BIG GREEN DOES NOT ACCEPT GIFTS THAT (1) WOULD

RESULT IN VIOLATION OF ITS CORPORATE CHARTER (2) WOULD RESULT IN LOSING

501C3 STATUS (3) ARE DIFFICULT OR EXPENSIVE TO ADMINISTER (4) ARE FOR

PURPOSES OUTSIDE OF BIG GREEN'S MISSION (5) WOULD RESULT IN UNACCEPTABLE

CONSEQUENCES INCLUDING COMPROMISED CORE VALUES OR DAMAGED REPUTATION.

CERTAIN FORMS OF GIFTS OR DONATED PROPERTIES MAY BE SUBJECT TO REVIEW BY

BIG GREEN'S EXECUTIVE TEAM PRIOR TO ACCEPTANCE.

7299QP R59G

<u>Schedule M (Form 990) (2021)</u> <u>BIG GREEN</u> <u>27-5083595</u> Page **2**

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.

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS					
(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING		
X X	2 3	254,631. 94,000.	RESALE VALUE RESALE VALUE		
	5.	348,631.			
	(A) CHECKX	(B) NUMBER OF (A) CHECK CONTRIBUTIONS X 2 X 3	(B) NUMBER OF (C) REVENUES (A) CHECK CONTRIBUTIONS REPORTED X 2 254,631. X 3 94,000.		

Schedule M (Form 990) (2021)

1E1508 1.000

JSA

7299QP R59G 49

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.

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Employer identification number 27-5083595

FORM 990, PART I, LINE 1:

BIG GREEN BELIEVES GROWING FOOD CHANGES LIVES. GROWING FOOD IMPROVES

NUTRITION SECURITY AND MENTAL HEALTH, GETS US INTO NATURE, AND OPENS OUR

EYES TO THE WEATHER VOLATILITY CREATED BY CLIMATE CHANGE. FOR TWELVE

YEARS, BIG GREEN HAS HELPED PEOPLE GROW THEIR OWN FOOD WITH SCHOOL AND

HOME-BASED GARDEN PROGRAMS.

FORM 990, PART III, LINE 2:

THE BIG GREEN DAO IS A DECENTRALIZED GRANTMAKING BODY THAT FUNDS

GRASSROOTS ORGANIZATIONS TO ACCELERATE THEIR WORK GROWING FOOD AND PUTS

NONPROFITS IN THE DRIVERS SEAT OF PHILANTHROPIC DECISION-MAKING.

FORM 990, PART VI, SECTION A, LINE 2:

KIMBAL MUSK, HUGO MATHESON, DON DEGNAN AND PATRICK DRAKE HAVE A BUSINESS RELATIONSHIP.

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

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.

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Employer identification number

27-5083595

Name of the organization
BIG GREEN

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 JUNE 2020.

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

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.

OMB No. 1545-0047

2021

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Department of the Treasury Internal Revenue Service Name of the organization

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Inspection
Employer identification number

BIG GREEN 27-5083595

PROCEDURES DURING THE YEAR.

FORM 990, PART XI, LINE 8:

THE -\$500,000 PRIOR PERIOD ADJUSTMENT IS A WRITE-OFF OF AN UNCOLLECTIBLE PLEDGE FROM 2018.

7299QP R59G

Name of the organization

BIG GREEN

Employer identification number
27-5083595

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

BIG GREEN BELIEVES GROWING FOOD CHANGES LIVES. GROWING FOOD IMPROVES NUTRITION, SECURITY AND MENTAL HEALTH, GETS US INTO NATURE, AND OPENS OUR EYES TO THE WEATHER VOLATILITY CREATED BY CLIMATE CHANGE. FOR TWELVE YEARS, BIG GREEN HAS HELPED PEOPLE GROW THEIR OWN FOOD WITH SCHOOL AND HOME-BASED GARDEN PROGRAMS.

Schedule O (Form 990 or 990-EZ) 2021