### Form **990**

В

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Check if applicable:

For the 2021 calendar year, or tax year beginning

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

, 2021, and ending

Open to Public Inspection

, 20

D Employer identification number

|   | Addres           | ss change       | A Greener World                        |  |                      |                    |   | 21166                  |                        |              |
|---|------------------|-----------------|--|--|----------------------|--------------------|---|------------------------|------------------------|--------------|
|   | Name             | change          | PO Box 115                             | 7760   |                      |                    | · ·                                       | ne numbe               |                        |              |
|   | Initial r        | return          | Terrebonne, OR 9                       | 7760   |                      |                    | 800                                       | 373-                   | 8806                   |              |
|   | Final ret        | urn/terminated  |  |  |                      |                    |   |                        |                        |              |
|   | Amend            | ded return      |  |  |                      |                    | <b>G</b> Gross re                         |                        | 2,565,                 | 1            |
|   | Applica          | ation pending   | F Name and address of principa         | officer: Emily Moose   |                      | ( )                | his a group return                        |                        | 163                    | X No         |
|   |                  |                 | Same As C Above                        |  |                      | If "I              | e all subordinates<br>No," attach a list. | included?<br>See instr | uctions. Yes           | No           |
| <u> </u>                                      |                  | npt status:     | X 501(c)(3) 501(c) (                   |  | 4947(a)(1) or 5      | 527                |   |                        |                        |              |
| <u>,,                                    </u> | Websit           |                 | w.agreenerworld.                       |  | 1.                   |                    | oup exemption nu                          |                        |                        |              |
| K   |                  | organization:   | X Corporation Trust                    | Association Other ►  | L Year of            | formation: 20      | )15   IMI s                               | tate of leg            | al domicile: OR        |              |
| Pa  | rt I :           | Summar          | <b>y</b><br>ho the organization's mics | ion or most significant acti   | vitios: a a          |                    |   |                        |                        |              |
|   |                  |                 |  | ion or most significant acti   |                      |                    |   |                        |                        |              |
| Governance                                    |                  |                 |  |  |                      |                    |   |                        |                        |              |
| na  |                  |                 |  |  |                      |                    |   |                        |                        |              |
| ove.  | <b>2</b> Ch      | eck this bo     |  | n discontinued its operation   |                      |                    |   | net ass                | <br>ets.               |              |
| Ğ   |                  |                 |  | rning body (Part VI, line 1a   |                      |                    |   | 3                      |                        | 4            |
| Activities &                                  |                  |                 |  | s of the governing body (P   |                      |                    |   | 4                      |                        | 3            |
| ¥   |                  |                 |  | n calendar year 2021 (Part necessary)                                      |                      |                    |   | 5                      |                        | 14           |
| 덛   |                  |                 |  | Part VIII, column (C), line  |                      |                    |   | 7a                     |                        | 0.           |
| _   |                  |                 |  | from Form 990-T, Part I, Ii  |                      |                    |   | 7b                     |                        | 0.           |
|   |                  |                 |  |  |                      |                    | Prior Year                                |                        | Current Ye             |              |
| d)  |                  |                 |  | 1h)  |                      |                    | 2,365,5                                   | 35.                    | 2,433,                 | 713.         |
| ğ   |                  |                 |  | e 2g)  |                      |                    | 64,1                                      |                        | 114,                   | 446.         |
| Revenue                                       |                  |                 |  | A), lines 3, 4, and 7d)  |                      |                    |   | 03.                    |                        | 976.         |
| ш   |                  |                 | •                                      | nes 5, 6d, 8c, 9c, 10c, and  | -                    |                    | 6,3                                       |                        |                        | <u>-413.</u> |
|   |                  |                 |  | (must equal Part VIII, colu<br>IX, column (A), lines 1-3).                 |                      |                    | 2,436,2                                   | 63.                    | 2,548,                 | 122.         |
|   |                  |                 | •                                      |  |                      |                    |   |                        |                        |              |
|   |                  |                 |  |  |                      |                    | 1,269,101.                                |                        | 1,142,                 | 320          |
| ses   | 16a Pro          |                 |  |  |                      |                    | 1,200,1                                   | 01.                    | 1,142,                 | 327.         |
| Expenses                                      | h Tot            |                 |  | lumn (D), line 25) ►   |                      |                    |   |                        |                        |              |
| Ä   | 17 0#            |                 |  | nes 11a-11d, 11f-24e)  |                      |                    | 025 0                                     | 0.2                    | 1 001                  | F1F          |
|   |                  | •               |  | equal Part IX, column (A),   |                      |                    | 835,8                                     |                        | 1,021,                 |              |
|   |                  |                 |  | 8 from line 12   |                      |                    | 2,104,9                                   |                        | 2,163,                 |              |
| - 5 6<br>8 6                                  |                  | veriue iess     | expenses. Oubtract fine 1              | 0 110111 111110 12   |                      |                    | nning of Curren                           |                        | End of Ye              | 878.         |
| Assets o<br>Balance                           | <b>20</b> Tot    | tal assets (    | (Part X, line 16)                      |  |                      |                    | 870,2                                     |                        | 1,206,                 |              |
| Ass.<br>Bal                                   | <b>21</b> Tot    | tal liabilitie  | s (Part X, line 26)                    |  |                      |                    | 120,0                                     |                        |                        | 808.         |
| Net /   | <b>22</b> Ne     |                 |  | ne 21 from line 20   |                      |                    | 750,2                                     |                        | 1,135,                 |              |
|   |                  | Signatur        | e Block                                |  |                      | <u> </u>           | , , , , ,                                 |                        |                        | 0021         |
|   |                  |                 |  | urn, including accompanying schedu<br>all information of which preparer ha | ules and statements, | and to the best of | of my knowledge                           | and belief             | , it is true, correct, | and          |
| com   | plete. Declar    | ration of prepa | rer (other than officer) is based on   | all information of which preparer ha                                       | as any knowledge.    |                    | _   |                        |                        |              |
|   |                  | Oimest in       | f . ff:                                |  |                      |                    | Data                                      |                        |                        |              |
| Siç<br>He                                     | gn               |                 | re of officer                          |  |                      |                    | Date                                      |                        |                        |              |
| не  | re               |                 | ly Moose print name and title          |  |                      | Exe                | cutive I                                  | )irec                  | tor                    |              |
|   |                  | , ,             | preparer's name                        | Preparer's signature   | Date                 |                    | To IV                                     | 7 ., p                 | TIN                    |              |
| _   |                  |                 | •                                      | , ,  | Date                 |                    | _   | <u>-</u>               |                        |              |
| Pa  |                  | Firm's name     | v Hamlin<br>→ HAMLIN CPA, 1            | Mathew Hamlin<br>LLC   |                      |                    | self-employe                              | u P                    | 01321155               |              |
| Us  | eparer<br>e Only | Firm's name     |  | <u>ыс</u><br>20 STE 610 PMB 10   | nn                   |                    | Firm's FINI                               | ► Q1_                  | 1948942                |              |
|   | y                | i iiii s audie  | BEND, OR 977                           |  | J U 3                |                    | Phone no.                                 |                        | 915-8527               |              |
| May   | v the IRS        | discuss th      |  | shown above? See instru  | ctions               |                    |   | O-11 .                 | X Yes                  | No           |
|   | ,                |                 | man and propurer                       |  |                      |                    |   |                        |                        |              |

| Par        | t III       | Statement of Program Service Accomplishments   |            |
|------------|-------------|--|------------|
|            | Deinf       |  | Χ          |
| 1          |             | ly describe the organization's mission:  |            |
|            | see         | Schedule O   |            |
|            |             |  |            |
|            |             |  |            |
| 2          | Did th      | ne organization undertake any significant program services during the year which were not listed on the prior  |            |
|            | Form        | n 990 or 990-EZ?   | 0          |
|            | If "Ye      | es," describe these new services on Schedule O.  |            |
| 3          |             | he organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No   | o          |
| _          |             | es," describe these changes on Schedule O.   |            |
| 4          | Secti       | ribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses ion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any, for each program service reported. | •          |
| 4 a        | (Cod        | e: ) (Expenses \$ 1,153,412. including grants of \$ ) (Revenue \$  | )          |
|            | Cer         | tified Animal Welfare Approved by AGW is an independent, nonprofit farm  |            |
|            |             | tification program. Animal Welfare Approved (AWA) is the only farm certification   |            |
|            |             | t guarantees animals are raised outdoors on pasture or range for their entire  |            |
|            | <u>li</u> v | ves, ensuring high-welfare management and truly sustainable agricultural practices   | <u> </u>   |
|            |             | other food label offers these distinctions. AGW is the only farm animal welfare  |            |
|            |             | tifier in the U.S. accredited to ISO/IEC Guide 17065, providing the highest level  |            |
|            | 01          | oversight and scrutiny for the programs in its scope.  |            |
|            |             |  |            |
|            |             |  |            |
|            |             |  |            |
|            |             |  |            |
| 4 b        | (Cod        | e:) (Expenses \$471,850. including grants of \$) (Revenue \$   | _)         |
|            |             | tified Grassfed by AGW is the only certification and logo in the U.S. and Canada   |            |
|            |             | at guarantees food products come from animals fed a 100 percent grass and forage   |            |
|            |             | et, raised outdoors on pasture and range according to the highest welfare standard   | <u>s</u> _ |
|            |             | the industry, Certified Animal Welfare Approved by AGW. While other grassfed   |            |
|            |             | pels exist, none can match the breadth, integrity, and transparency that Certified assfed by AGW offers.   |            |
|            | <u>G1</u>   | assieu by Adw Offers.  |            |
|            |             |  |            |
|            |             |  |            |
|            |             |  |            |
|            |             |  |            |
|            |             |  |            |
| <b>4</b> c | : (Cod      | <u></u> ,,,,,,,,   | _)         |
|            |             | tified Non-GMO by AGW is the only certification in North America that helps  |            |
|            |             | sumers avoid genetically modified food ingredients and supports high-welfare,  |            |
|            |             | rironmentally sustainable animal husbandry. Available to farmers, ranchers and foo<br>oducers, the Certified Non-GMO by AGW label guarantees production without  | <u>u</u> _ |
|            |             | netically engineered/modified feed, supplements or ingredients, and ensures animal   |            |
|            |             | e raised according to the highest welfare standards in the industry, Certified   | <u> </u>   |
|            |             | mal Welfare Approved by AGW.   |            |
|            |             |  |            |
|            |             | ·  |            |
|            |             |  |            |
|            |             |  |            |
|            | 1 O+1       | r program conviges (Describe on Schodule O.)   |            |
| 4 0        |             | r program services (Describe on Schedule O.)  See Schedule O  enses \$ including grants of \$ ) (Revenue \$ )  |            |
| 10         |             | Including grants of \$ (Revenue \$ )   |            |

## Form 990 (2021) A Greener World Part IV Checklist of Required Schedules

|      |   |      | Yes | No |
|------|---|------|-----|----|
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A   | 1    | Х   |    |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions   | 2    | Χ   |    |
| 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    | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>  | 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 Revenue Procedure 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    |     | Х  |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>   | 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    |     | Х  |
| 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    |     | Х  |
| 10   | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V  | 10   |     | Х  |
| 11   | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.   |      |     |    |
| а    | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI   | 11 a | Х   |    |
| b    | Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.   | 11 b |     | 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.   | 11 c |     | 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.  | 11 d |     | Х  |
| e    | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X   | 11 e |     | X  |
| f    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>  | 11 f |     | Х  |
| 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  |     | Х  |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E   | 13   |     | X  |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a  |     | Х  |
| b    | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b  |     | Х  |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.   | 15   |     | X  |
| 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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>   | 16   |     | X  |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes.' complete Schedule G, Part I, See instructions  | 17   |     | 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   |     | Х  |
| 20a  | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H   | 20a  |     | X  |
| b    | 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   |     | Х  |

## Form 990 (2021) A Greener World Part IV Checklist of Required Schedules (continued)

|               |   |               | Yes   | No   |
|---------------|---|---------------|-------|------|
| 22            | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III   | 22            |       | Х    |
| 23            | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>  | 23            |       | Х    |
| 24            | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a  | 24a           |       | Х    |
|               | <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b           |       |      |
|               | 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?  | 24c           |       |      |
|               | <b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  | 24d           |       |      |
| 25            | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I  | 25a           |       | Χ    |
|               | <b>b</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? <i>If 'Yes,' complete Schedule L, Part I</i>   | 25b           |       | Х    |
| 26            | former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>  | 26            |       | Х    |
| 27            | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. | 27            |       | Х    |
| 28            | instructions for applicable filing thresholds, conditions, and exceptions):   |               |       |      |
|               | <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV  | 28a           |       | Χ    |
|               | <b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV  | 28b           |       | X    |
|               | 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.  | 28c           |       | Χ    |
| 29            | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M  | 29            |       | Χ    |
| 30            | contributions? If 'Yes,' complete Schedule M  | 30            |       | Χ    |
| 31            | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I  | 31            |       | X    |
| 32            | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.   | 32            |       | Χ    |
| 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? <i>If 'Yes,' complete Schedule R, Part l</i>   | 33            |       | Х    |
| 34            | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.   | 34            |       | Х    |
| 35            | a Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a           |       | Х    |
|               | <b>b</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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>   | 35b           |       |      |
| 36            | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>  | 36            |       | Χ    |
| 37            | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI   | 37            |       | Χ    |
| 38            | Note: All Form 990 filers are required to complete Schedule O.  | 38            | Х     |      |
| Pa            | rt V Statements Regarding Other IRS Filings and Tax Compliance  | · <del></del> |       |      |
|               | Check if Schedule O contains a response or note to any line in this Part V  |               | Yes   | . No |
|               | a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  |               | .03   | 110  |
|               | b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable   |               |       |      |
|               | (gambling) winnings to prize winners?   | 1 c           | Χ     |      |
| $D \Lambda A$ | TFFA0104I 09/22/21  |               | gan / | 2021 |

# Form 990 (2021) A Greener World Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

|  |  |            | res | NO |  |  |  |  |
|--|--|------------|-----|----|--|--|--|--|
| 2 a  | 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 14  |            |     |    |  |  |  |  |
| 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 e-file. See instructions.  |            |     |    |  |  |  |  |
| 3 a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3 a        |     | X  |  |  |  |  |
| b  | off 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>  | 3 b        |     |    |  |  |  |  |
| 4 a  | 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)? | 4 a        |     | Х  |  |  |  |  |
| b  | olf '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).  |            |     |    |  |  |  |  |
| 5 a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5 a        |     | Х  |  |  |  |  |
| b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5 b        |     | X  |  |  |  |  |
|  | : If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?   | 5 c        |     |    |  |  |  |  |
| 6 a  | 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?                                    | 6 a        |     | Х  |  |  |  |  |
| <b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? |  |            |     |    |  |  |  |  |
| 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  | 7.         |     | X  |  |  |  |  |
|  | services provided to the payor?  | 7 a        |     | Λ  |  |  |  |  |
|  | old 'Yes,' did the organization notify the donor of the value of the goods or services provided?   | 7 b        |     |    |  |  |  |  |
| C  | Form 8282?   | 7 c        |     | Χ  |  |  |  |  |
| c  | If 'Yes,' indicate the number of Forms 8282 filed during the year  |            |     |    |  |  |  |  |
| e  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7 e        |     | Х  |  |  |  |  |
| f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7 f        |     | X  |  |  |  |  |
| ç  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7 g        |     |    |  |  |  |  |
| ŀ  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a  |            |     |    |  |  |  |  |
| 0  | Form 1098-C?   | 7 h        |     |    |  |  |  |  |
| 0  | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | 8          |     |    |  |  |  |  |
| ۵  | Sponsoring organizations maintaining donor advised funds.  | •          |     |    |  |  |  |  |
|  | Did the sponsoring organization make any taxable distributions under section 4966?   | 9 a        |     |    |  |  |  |  |
|  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9 b        |     |    |  |  |  |  |
|  | Section 501(c)(7) organizations. Enter:  | 7.5        |     |    |  |  |  |  |
|  | 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 10b  |            |     |    |  |  |  |  |
| 11   | 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?   | 12 a       |     |    |  |  |  |  |
|  | olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   |            |     |    |  |  |  |  |
|  | Section 501(c)(29) qualified nonprofit health insurance issuers.   | 10.        |     |    |  |  |  |  |
| а  | Is the organization licensed to issue qualified health plans in more than one state?   | 13 a       |     |    |  |  |  |  |
|  | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   |            |     |    |  |  |  |  |
|  | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |            |     |    |  |  |  |  |
|  | Enter the amount of reserves on hand   | 140        |     | X  |  |  |  |  |
|  | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a<br>14b |     | Λ  |  |  |  |  |
|  | olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O   | 14D        |     |    |  |  |  |  |
| 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  |  |  |  |  |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16         |     | Х  |  |  |  |  |
|  | If 'Yes,' complete Form 4720, Schedule O.  |            |     |    |  |  |  |  |
| 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         |     |    |  |  |  |  |
|  | If 'Yes,' complete Form 6069.  |            |     | l  |  |  |  |  |

Form 990 (2021) A Greener World 81-2116665 Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 3 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q...... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done ... See .Schedule .0 ...... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15 a **b** Other officers or key employees of the organization...See .Schedule..Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > OR CO CA NY NM OK AL FL TN NC MD Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Emily Moose PO Box 115 Terrebonne OR 97760 800 373-8806

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

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

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

- 1 a 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.
- 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 relate | ed organiz  | ation   | con                   | nper    | ısate        | ed any                          | / cu   | rrent officer, direct                              | or, or trustee.                                       |   |
|---|---|---|-----------------------|---------|--------------|---------------------------------|--------|--|---|---|
|   |   |   |                       | (C)     | )            |                                 |        |  |   |   |
| (A)<br>Name and title                                     | (B)<br>Average<br>hours<br>per  | Position (do not check more<br>than one box, unless person<br>is both an officer and a<br>director/trustee) |                       |         |              |                                 | on     | (D)  Reportable compensation from the organization | (E)  Reportable  compensation from                    | <b>(F)</b> Estimated amount of other                                  |
|   | week<br>(list any<br>hours for<br>related<br>organiza-<br>tions<br>below<br>dotted<br>line) | Individual trustee<br>or director   | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former | the organization<br>(W-2/1099-<br>MISC/1099-NEC)   | related organizations<br>(W-2/1099-<br>MISC/1099-NEC) | compensation from<br>the organization<br>and related<br>organizations |
|   | $-\frac{40}{0}$   | Х   |                       | Х       |              |                                 |        | 97,347.  | 0.  | 7,197.  |
| (2) Will Witherspoon                                      | 1   |   |                       | 71      |              |                                 |        |  |   |   |
| Director  | 0   | Χ   |                       |         |              |                                 |        | 0.   | 0.  | 0.  |
| (3) Dan Rosenthal Director                                | 1   | Х   |                       |         |              |                                 |        | 0.   | 0.  | 0.  |
| (4) Amy Price-Neff President                              | 1   | Х   |                       |         |              |                                 |        | 0.   | 0.  | 0.  |
| (5)   |   |   |                       |         |              |                                 |        | · ·  | <u> </u>  | <u> </u>  |
| (6)   |   |   |                       |         |              |                                 |        |  |   |   |
|   |   |   |                       |         |              |                                 |        |  |   |   |
| (8)   |   |   |                       |         |              |                                 |        |  |   |   |
| (9)   |   |   |                       |         |              |                                 |        |  |   |   |
| (10)  |   |   |                       |         |              |                                 |        |  |   |   |
| (11)  |   |   |                       |         |              |                                 |        |  |   |   |
| (12)  |   |   |                       |         |              |                                 |        |  |   |   |
| (13)  |   |   |                       |         |              |                                 |        |  |   |   |
| (14)  |   |   |                       |         |              |                                 |        |  |   |   |

| Part VII   Section A. Officers, Directors, 1rt   | (B)   | ney                            | Em                    | •                      | oye<br>C)                         | es,                             | and             | Hignest Con  | ipensated Emp   | oyees                 | (continued)  |
|--|---|--------------------------------|-----------------------|------------------------|-----------------------------------|---------------------------------|-----------------|--|---|-----------------------|--|
| <b>(A)</b><br>Name and title   | Average<br>hours<br>per<br>week   | box                            | , unle                | Pos<br>check<br>ess pe | sition<br>more<br>erson<br>direct | e than<br>is botl<br>or/trus    | h an<br>tee)    | (D)  Reportable compensation from the organization | (E)  Reportable compensation from related organizations | Estima                | <b>(F)</b> ated amount of other                        |
|  | (list any<br>hours<br>for<br>related<br>organiza<br>- tions<br>below<br>dotted<br>line) | Individual trustee or director | Institutional trustee | Officer                | Key employee                      | Highest compensated<br>employee | Former          | the organization<br>(W-2/1099-<br>MISC/1099-NEC)   | related organizations<br>(W-2/1099-<br>MISC/1099-NEC)   | compe<br>the o<br>and | nsation from<br>rganization<br>d related<br>anizations |
| (15)   |   |                                |                       |                        |                                   |                                 |                 |  |   |                       |  |
| (16)   |   |                                |                       |                        |                                   |                                 |                 |  |   |                       |  |
| <u>(17)</u>  |   |                                |                       |                        |                                   |                                 |                 |  |   |                       |  |
| <u>(18)</u>  |   |                                |                       |                        |                                   |                                 |                 |  |   |                       |  |
| <u>(19)</u>  |   |                                |                       |                        |                                   |                                 |                 |  |   |                       |  |
| (20)   |   |                                |                       |                        |                                   |                                 |                 |  |   |                       |  |
| (21)   |   |                                |                       |                        |                                   |                                 |                 |  |   |                       |  |
| (22)   |   |                                |                       |                        |                                   |                                 |                 |  |   |                       |  |
| (23)   |   |                                |                       |                        |                                   |                                 |                 |  |   |                       |  |
| (24)   |   |                                |                       |                        |                                   |                                 |                 |  |   |                       |  |
| (25)   |   |                                |                       |                        |                                   |                                 |                 |  |   |                       |  |
| 1 b Subtotal   |   |                                |                       |                        |                                   |                                 | <b>&gt;</b>     | 97,347.  | 0.  |                       | 7,197.   |
| c Total from continuation sheets to Part VII, Secti  |   |                                |                       |                        |                                   |                                 | <b></b>         | 0.   | 0.  |                       | 0.   |
| d Total (add lines 1b and 1c)  |   |                                |                       |                        |                                   |                                 | <b>►</b><br>ved | 97,347.<br>more than \$100,00                      | 0.<br>0 of reportable comp                              | ensatio               | 7,197.   |
| from the organization $ ightharpoonup 0$   |   |                                |                       |                        |                                   |                                 |                 |  |   |                       | Yes No   |
| 3 Did the organization list any <b>former</b> officer, direct on line 1a? <i>If 'Yes,' complete Schedule J for suc</i> | ctor, truste  | ee, ke                         | ey ei                 | mpl                    | oye                               | e, or                           | high            | nest compensated                                   | employee  | 3                     | X  |
| For any individual listed on line 1a, is the sum of the organization and related organizations greated.                | f reportab  | le co                          | mpe                   | ensa                   | ation                             | and                             | oth             | er compensation                                    |   |                       | A  |
| <ul><li>such individual</li></ul>  |   |                                |                       |                        |                                   |                                 | · · · ·         |  |   | . 4                   | X  |
| for services rendered to the organization? If 'Yes   | s,' comple  | te So                          | chea                  | lule                   | J fo                              | r suc                           | ch p            | erson  |   | . 5                   | Х  |
| 1 Complete this table for your five highest compen compensation from the organization. Report comper                   | sated ind   | epen                           | dent<br>alen          | t co                   | ntra<br>vear                      | ctors<br>endi                   | tha             | t received more to                                 | nan \$100,000 of  |                       |  |
| (A) (B)  |   |                                |                       |                        |                                   |                                 |                 |  | ((  | C)<br>ensation        |  |
|  |   |                                |                       |                        |                                   |                                 |                 |  |   |                       |  |
|  |   |                                |                       |                        |                                   |                                 |                 |  |   |                       |  |
|  |   |                                |                       |                        |                                   |                                 |                 |  |   |                       |  |
| 2. Total number of independent control of the little   | الله مرادره   | الممان                         | -الم                  | 2001                   | lict-                             | ا داد :                         | \(\sigma\)      | who received                                       | thon  |                       |  |
| Total number of independent contractors (including I \$100,000 of compensation from the organization)                  |   | ned to                         | บ เกิด                | use I                  | บรเย                              | u a00                           | ve)             | who received more                                  | uidii   |                       |  |

|                                | , il diconci moria  |     |     | 0 ± |     |  |  |  |
|--------------------------------|---|-----|-----|-----|-----|--|--|--|
| Part VIII Statement of Revenue |   |     |     |     |     |  |  |  |
|                                | Check if Schedule O contains a response or note to any line in this Part VIII |     |     |     |     |  |  |  |
|                                |   | (A) | (B) |     | (C) |  |  |  |

|   |      | •  |                      |                          |                         |                       |
|---|------|--|----------------------|--------------------------|-------------------------|-----------------------|
|   |      |  | (A)<br>Total revenue | <b>(B)</b><br>Related or | <b>(C)</b><br>Unrelated | <b>(D)</b><br>Revenue |
|   |      |  | Total Teveride       | exempt                   | business                | excluded from tax     |
|   |      |  |                      | function                 | revenue                 | under sections        |
|   | -    |  |                      | revenue                  |                         | 512-514               |
| र्के क  | 1 a  | Federated campaigns 1 a  |                      |                          |                         |                       |
| 更喜  | b    | Membership dues  |                      |                          |                         |                       |
| 9   | С    | Fundraising events   |                      |                          |                         |                       |
| £ 1   | d    | Related organizations  |                      |                          |                         |                       |
| Contributions, Gifts, Grants, and Other Similar Amounts | 6    | Government grants (contributions) 1 e 244,300.                               |                      |                          |                         |                       |
| Sir   | f    | All other contributions, gifts, grants, and                                  | -                    |                          |                         |                       |
| Ę į   | •    | similar amounts not included above 1f 2,189,413.                             |                      |                          |                         |                       |
| 들   | q    | Noncash contributions included in  |                      |                          |                         |                       |
| ĘĘ  | _    | lines 1a-1f  |                      |                          |                         |                       |
| ಹ ಬ   | h    | Total. Add lines 1a-1f   | 2,433,713.           |                          |                         |                       |
| <u>e</u>  |      | Business Code  |                      |                          |                         |                       |
| ة   | 2a   | Program service fees   | 114,446.             | 114,446.                 |                         |                       |
| <u>\$</u>   | b    |  | 111/110.             | 111/110:                 |                         |                       |
| ë   | _    | <del></del>  |                      |                          |                         |                       |
| ₹.  |      | <del></del>  |                      |                          |                         |                       |
| Š   | d    | '  |                      |                          |                         |                       |
| 띭   | е    |  |                      |                          |                         |                       |
| Program Service Revenue                                 |      | All other program service revenue  |                      |                          |                         |                       |
| 풉   | g    | Total. Add lines 2a-2f   | 114,446.             |                          |                         |                       |
|   | 3    | Investment income (including dividends, interest, and                        |                      |                          |                         |                       |
|   |      | Investment income (including dividends, interest, and other similar amounts) | 976.                 |                          |                         | 976.                  |
|   | 4    | Income from investment of tax-exempt bond proceeds                           |                      |                          |                         |                       |
|   | 5    | Royalties  |                      |                          |                         |                       |
|   |      | (i) Real (ii) Personal   |                      |                          |                         |                       |
|   | 6.3  | Gross rents 6a   |                      |                          |                         |                       |
|   |      |  |                      |                          |                         |                       |
|   |      | Less: rental expenses 6b   |                      |                          |                         |                       |
|   |      | Rental income or (loss) 6c   |                      |                          |                         |                       |
|   | d    | Net rental income or (loss)  |                      |                          |                         |                       |
|   | 7 a  | Gross amount from (i) Securities (ii) Other                                  |                      |                          |                         |                       |
|   | ٦٠   | sales of assets  | -                    |                          |                         |                       |
|   |      | other than inventory 7a  |                      |                          |                         |                       |
|   | D    | Less: cost or other basis and sales expenses 7b                              |                      |                          |                         |                       |
|   | _    | Gain or (loss) 7c  | _                    |                          |                         |                       |
|   |      | ` '  |                      |                          |                         |                       |
|   | d    | Net gain or (loss)   |                      |                          |                         |                       |
| ō   | 8 a  | Gross income from fundraising events   |                      |                          |                         |                       |
| nue   |      | (not including \$  |                      |                          |                         |                       |
| Š   |      | of contributions reported on line 1c).                                       |                      |                          |                         |                       |
| ď   |      | See Part IV, line 18 8a  |                      |                          |                         |                       |
| Other Reve  | b    | Less: direct expenses 8b   |                      |                          |                         |                       |
| ¥   | c    | Net income or (loss) from fundraising events                                 |                      |                          |                         |                       |
| •   |      |  |                      |                          |                         |                       |
|   | 9 a  | Gross income from gaming activities. See Part IV, line 19                    |                      |                          |                         |                       |
|   | h    | Less: direct expenses 9b   |                      |                          |                         |                       |
|   |      | ·  |                      |                          |                         |                       |
|   | С    | Net income or (loss) from gaming activities                                  |                      |                          |                         |                       |
|   | 10 a | Gross sales of inventory, less returns and allowances 10a 15, 922            |                      |                          |                         |                       |
|   |      | 10/5221  |                      |                          |                         |                       |
|   | b    | Less: cost of goods sold 10b 16,335.   |                      |                          |                         |                       |
|   | С    | Net income or (loss) from sales of inventory                                 | -413.                | -413.                    |                         |                       |
| S)  |      | Business Code  |                      |                          |                         |                       |
| Miscellaneous<br>Revenue                                | 11 a |  |                      |                          |                         |                       |
| 올   | b    | ,  |                      |                          |                         |                       |
| scellaneo<br>Revenue                                    | _ ~  |  |                      |                          |                         |                       |
| ig S  | ں ۔  | All other revenue  |                      |                          |                         |                       |
| <u> </u>  | -    |  |                      |                          |                         |                       |
|   |      | Total. Add lines 11a-11d   |                      |                          |                         |                       |
|   | 12   | Total revenue. See instructions  | 2,548,722.           | 114,033.                 | 0.                      | 976.                  |

Check here ►

if following SOP 98-2 (ASC 958-720).....

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX. (C) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Management and Fundráising general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees ..... 104,544. 52,272. 15,682. 36,590. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)....... 0 0 0 0. 828,958 674,105 109,400 45,453. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 129,673 93,492 21,813 14,368. Payroll taxes ..... 79,154 60,166. 12,739 6,249. 11 Fees for services (nonemployees): c Accounting..... **d** Lobbying...... e Professional fundraising services. See Part IV, line 17... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule OSCh. ( 461,244. 549,652. 65,868 22,540. Advertising and promotion..... 12 14,078. 9,705. 4,373. 35,352. 30,251. 2,600 2,501. Information technology..... 14 15 Royalties..... 19,000. 6,120. 27,604. 2,484. 17 133,566. 133,239 327. Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 21 Payments to affiliates..... 3,467. 22 Depreciation, depletion, and amortization. . . . 3,467. 23 21,329. 592. 20,737. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).... 122,832 a Sponsorships 122,832 b Dues & subscriptions 29,489 28,495 994 7,290 2,245. 24,943 15,408 c <u>Telephone</u> 21,769 **d** <u>Postage and Shipping</u> 23,390 1,554 67. 35,813. 21,557. 13,951 305. e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . . 2,163,844. 1,747,594 279,075 137,175. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

|                            |    | Check if Schedule O contains a response or note to   | o any lin                          | e in this Part X             |                                 |      |                           |  |
|----------------------------|----|--|------------------------------------|------------------------------|---------------------------------|------|---------------------------|--|
|                            |    |  |                                    |                              | <b>(A)</b><br>Beginning of year |      | <b>(B)</b><br>End of year |  |
|                            | 1  | Cash – non-interest-bearing  |                                    |                              | 733,290.                        | 1    | 978,598.                  |  |
|                            | 2  | Savings and temporary cash investments   |                                    |                              | 8,434.                          | 2    | 65,782.                   |  |
|                            | 3  | Pledges and grants receivable, net   |                                    |                              |                                 | 3    |                           |  |
|                            | 4  | Accounts receivable, net   |                                    |                              | 2,606.                          | 4    | 27,694.                   |  |
|                            | 5  | Loans and other receivables from any current or form<br>trustee, key employee, creator or founder, substantial<br>controlled entity or family member of any of these pe  | ner office<br>I contribu           | r, director,<br>utor, or 35% |                                 | 5    |                           |  |
|                            | c  | Loans and other receivables from other disqualified p  |                                    | _                            |                                 | J    |                           |  |
|                            | 6  | section 4958(f)(1)), and persons described in section  | •                                  | <del>-</del>                 |                                 | 6    |                           |  |
|                            | 7  | Notes and loans receivable, net  |                                    | · · · · ·                    |                                 | 7    |                           |  |
| S                          | 8  | Inventories for sale or use  |                                    | <u> </u>                     | 15 656                          | 8    | 10 054                    |  |
| set                        | 9  | Prepaid expenses and deferred charges  |                                    | <u> </u>                     | 15,656.                         | 9    | 18,054.<br>9,927.         |  |
| Assets                     | _  | •  | 1 1                                |                              |                                 | 9    | 9,921.                    |  |
| η.                         |    | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  |                                    | 110,287.                     |                                 |      |                           |  |
|                            | b  | Less: accumulated depreciation   |                                    | 10,602.                      | 103,152.                        | 10 c | 99,685.                   |  |
|                            | 11 | Investments — publicly traded securities   |                                    |                              |                                 | 11   |                           |  |
|                            | 12 | Investments – other securities. See Part IV, line 11   |                                    |                              |                                 | 12   |                           |  |
|                            | 13 | Investments – program-related. See Part IV, line 11.   |                                    |                              | 13<br>14                        |      |                           |  |
|                            | 14 | -  | ible assets.                       |                              |                                 |      |                           |  |
|                            | 15 | Other assets. See Part IV, line 11   |                                    |                              | 7,160.                          | 15   | 7,160.                    |  |
|                            | 16 | Total assets. Add lines 1 through 15 (must equal line  | 33)                                |                              | 870,298.                        | 16   | 1,206,900.                |  |
|                            | 17 | Accounts payable and accrued expenses  |                                    |                              | 102,356.                        | 17   | 57,917.                   |  |
|                            | 18 | Grants payable   |                                    | 18                           |                                 |      |                           |  |
|                            | 19 | Deferred revenue   | 17,728.                            | 19                           | 13,891.                         |      |                           |  |
|                            | 20 | Tax-exempt bond liabilities  |                                    | <u> </u>                     |                                 | 20   |                           |  |
| ies                        | 21 | Escrow or custodial account liability. Complete Part I   |                                    |                              |                                 | 21   |                           |  |
| Liabilities                | 22 | Loans and other payables to any current or former of<br>key employee, creator or founder, substantial contribu-<br>controlled entity or family member of any of these pe | ficer, dire<br>utor, or 3<br>rsons | ector, trustee,<br>35%       |                                 | 22   |                           |  |
| コ                          | 23 | Secured mortgages and notes payable to unrelated the   |                                    | _                            |                                 | 23   |                           |  |
|                            | 24 | Unsecured notes and loans payable to unrelated third   | •                                  | <u> </u>                     |                                 | 24   |                           |  |
|                            | 25 | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com   |                                    |                              |                                 | 25   |                           |  |
|                            | 26 | Total liabilities. Add lines 17 through 25   |                                    | Lee                          | 120,084.                        | 26   | 71,808.                   |  |
| ces                        |    | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  | e ►                                | X                            |                                 |      | ·                         |  |
| lar                        | 27 | Net assets without donor restrictions  |                                    |                              | 607,438.                        | 27   | 986,843.                  |  |
| Ba                         | 28 | Net assets with donor restrictions   |                                    |                              | 142,776.                        | 28   | 148,249.                  |  |
| Net Assets or Fund Balance |    | Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.   | · 🗆 👖                              |                              |                                 | ,    |                           |  |
| ō                          | 29 | Capital stock or trust principal, or current funds   |                                    |                              |                                 | 29   |                           |  |
| sts                        | 30 | Paid-in or capital surplus, or land, building, or equipm   |                                    | <u></u>                      |                                 | 30   |                           |  |
| SSe                        | 31 | Retained earnings, endowment, accumulated income   |                                    |                              |                                 | 31   |                           |  |
| t A                        | 32 | Total net assets or fund balances  |                                    |                              | 750,214.                        | 32   | 1,135,092.                |  |
| Ne                         | 33 | Total liabilities and net assets/fund balances   |                                    | <u> </u>                     | 870,298.                        | 33   | 1,206,900.                |  |
| <u>-</u>                   |    |  |                                    | 1 09/22/21                   | 070,230.                        |      | Earm <b>900</b> (2021)    |  |

| Pa  | rt XI Reconciliation of Net Assets   |        |      |       | _      |  |
|---|--|--------|------|-------|--------|--|
|   | Check if Schedule O contains a response or note to any line in this Part XI  |        |      |       |        |  |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)  | 1      | 2,5  | 48,7  | 122.   |  |
| 2   | Total expenses (must equal Part IX, column (A), line 25)   | 2      | 2,1  | 63,8  | 344.   |  |
| 3   | Revenue less expenses. Subtract line 2 from line 1   | 3      | 3    | 84,8  | 378.   |  |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  | 4      | 7    | 50,2  | 214.   |  |
| 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      |      |       |        |  |
| 9   | Other changes in net assets or fund balances (explain on Schedule O)   | 9      |      |       | 0.     |  |
| 10  | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,   |        |      |       |        |  |
|   | column (B))  | 10     | 1,1  | 35,0  | 192.   |  |
| Pa  | rt XII Financial Statements and Reporting  |        |      |       |        |  |
|   | Check if Schedule O contains a response or note to any line in this Part XII   |        |      |       |        |  |
|   |  |        |      | 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,' explain on Schedule O. |  |        |      |       |        |  |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?                |  |        |      |       |        |  |
|   | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis          | d on a |      |       |        |  |
| ı   | b Were the organization's financial statements audited by an independent accountant?   |        | 2b   | Χ     |        |  |
|   | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:   | te     |      |       |        |  |
|   | X Separate basis Consolidated basis Both consolidated and separate basis   |        |      |       |        |  |
| •   | c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? |        | 2c   | Х     |        |  |
|   | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  |        |      |       |        |  |
| 3   | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |        | За   |       | X      |  |
|   | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audion or audits, explain why on Schedule O and describe any steps taken to undergo such audits    |        | 3b   |       |        |  |
| BAA   | TEEA0112L 09/22/21   |        | Form | 990 ( | (2021) |  |

### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► 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 Employer identification number A Greener World 81-2116665 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

| Sac          | tion A. Public Support  |  | tea below, piease                       | complete i art ii                         | 1.)   |                                    |                       |
|--------------|---|--|---|---|---|------------------------------------|-----------------------|
|              |   |  |   |   |   |                                    |                       |
| begi         | ndar year (or fiscal year<br>nning in) ►  | <b>(a)</b> 2017                          | <b>(b)</b> 2018                         | <b>(c)</b> 2019                           | <b>(d)</b> 2020                               | <b>(e)</b> 2021                    | (f) Total             |
| 1            | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').   | 2,715,085.                               | 2,819,147.                              | 2,108,018.                                | 2,365,535.                                    | 2,189,413.                         | 12,197,198.           |
| 2            | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |  |   |   |   |                                    | 0.                    |
| 3            | The value of services or facilities furnished by a governmental unit to the organization without charge   |  |   |   |   |                                    | 0.                    |
| 4            | Total. Add lines 1 through 3  | 2,715,085.                               | 2,819,147.                              | 2,108,018.                                | 2,365,535.                                    | 2,189,413.                         |                       |
| 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) |  |   |   |   |                                    | 9,815,466.            |
| 6            | Public support. Subtract line 5   |  |   |   |   |                                    | 3,013,400.            |
| •            | from line 4   |  |   |   |   |                                    | 2,381,732.            |
| Sec          | tion B. Total Support   |  |   |   |   |                                    |                       |
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►  | <b>(a)</b> 2017                          | <b>(b)</b> 2018                         | <b>(c)</b> 2019                           | <b>(d)</b> 2020                               | <b>(e)</b> 2021                    | (f) Total             |
| 7            | Amounts from line 4   | 2,715,085.                               | 2,819,147.                              | 2,108,018.                                | 2,365,535.                                    | 2,189,413.                         | 12,197,198.           |
| 8            | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   |  |   | -98.                                      | 203.  | 976.                               | 1,081.                |
| 9            | Net income from unrelated business activities, whether or not the business is regularly carried on  | 1,538.                                   | 3,114.                                  | 1,523.                                    |   |                                    | 6,175.                |
| 10           | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  | =,0001                                   | J, == = :                               | 2,020                                     |   |                                    | 0.                    |
| 11           | Total support. Add lines 7 through 10   |  |   |   |   |                                    | 12,204,454.           |
| 12           | Gross receipts from related activ   | ities, etc. (see ins                     | structions)                             |   |   | 12                                 | 547,054.              |
| 13           | First 5 years. If the Form 990 is organization, check this box and  |  |   |   |   |                                    | <b>-</b>              |
| Sec          | tion C. Computation of Pu   | blic Support P                           | ercentage                               |   |   |                                    |                       |
|              | Public support percentage for 20  | •  |   |   | •   |                                    | 19.52%                |
| 15           | Public support percentage from  | 2020 Schedule A,                         | Part II, line 14                        |   |   | 15                                 | 20.15%                |
| 16a          | <b>33-1/3% support test—2021.</b> If t and <b>stop here.</b> The organization   | he organization di<br>qualifies as a pul | d not check the bolicly supported o     | ox on line 13, an rganization             | d line 14 is 33-1/3                           | 3% or more, checl                  | this box      ►     ☐ |
| b            | <b>33-1/3% support test—2020.</b> If the and <b>stop here.</b> The organization   | ne organization did<br>qualifies as a pu | d not check a box<br>blicly supported o | on line 13 or 16a                         | a, and line 15 is 3                           | 3-1/3% or more, o                  | check this box        |
| 17a          | <b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts   | meets the facts-a                        | nd-circumstances                        | test, check this I                        | box and stop here                             | e. Explain in Part                 | VI how                |
|              | 10%-facts-and-circumstances to or more, and if the organization organization meets the facts-and  | meets the facts-a<br>d-circumstances to  | nd-circumstances<br>est. The organizat  | test, check this l<br>tion qualifies as a | box and <b>stop here</b><br>publicly supporte | e. Explain in Part ed organization | VI how the ►          |
| 18           | Private foundation. If the organize   | zation did not che                       | ck a box on line                        | ıз, 16a, 16b, 17a                         | , or 1/b, check th                            | is box and see ins                 | structions            |

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

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

| Sec | Section A. Public Support  |                         |                          |                     |                      |                     |                  |  |
|-----|--|-------------------------|--------------------------|---------------------|----------------------|---------------------|------------------|--|
|     | lar year (or fiscal year beginning in)   | <b>(a)</b> 2017         | <b>(b)</b> 2018          | <b>(c)</b> 2019     | (d) 2020             | <b>(e)</b> 2021     | (f) Total        |  |
| 1   | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')   | (4) 2017                | (8) 2010                 | (4) = 1.10          | (4) 2525             | (0) 2021            | <b>(7</b> ) o.c. |  |
| 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  |                         |                          |                     |                      |                     |                  |  |
|     | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons   |                         |                          |                     |                      |                     |                  |  |
| b   | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.  |                         |                          |                     |                      |                     |                  |  |
| С   | Add lines 7a and 7b  |                         |                          |                     |                      |                     |                  |  |
| 8   | Public support. (Subtract line 7c from line 6.)  |                         |                          |                     |                      |                     |                  |  |
|     | tion B. Total Support  |                         |                          |                     | 1                    | T                   |                  |  |
|     | dar year (or fiscal year beginning in)   | <b>(a)</b> 2017         | <b>(b)</b> 2018          | (c) 2019            | <b>(d)</b> 2020      | <b>(e)</b> 2021     | <b>(f)</b> Total |  |
|     | Amounts from line 6  |                         |                          |                     |                      |                     |                  |  |
|     | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                         |                          |                     |                      |                     |                  |  |
|     | Add lines 10a and 10b.  Net income from unrelated business activities not included on 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 (Explain in Part VI.)  |                         |                          |                     |                      |                     |                  |  |
|     | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)  |                         |                          |                     |                      |                     |                  |  |
|     | First 5 years. If the Form 990 is organization, check this box and   | stop here               |                          |                     |                      |                     | ▶                |  |
|     | tion C. Computation of Pul   |                         |                          |                     |                      |                     |                  |  |
|     | Public support percentage for 20   | •                       |                          |                     | •                    |                     | <u> </u>         |  |
|     | Public support percentage from 2   |                         |                          |                     |                      | 16                  | %                |  |
|     | tion D. Computation of Inv   |                         |                          |                     |                      |                     |                  |  |
| 17  |  | •                       | • • •                    | -                   |                      |                     | <u> </u>         |  |
|     | Investment income percentage for   |                         |                          |                     |                      | <u> </u>            | %<br>            |  |
|     | <b>33-1/3% support tests—2021.</b> If t is not more than 33-1/3%, check  | this box and <b>sto</b> | <b>p here.</b> The organ | ization qualifies a | as a publicly supp   | orted organization  | ▶ ∐              |  |
|     | <b>33-1/3% support tests—2020.</b> If the line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization of the organiz | , check this box        | and <b>stop here.</b> Th | e organization qu   | ialifies as a public | cly supported organ | ization ▶        |  |

Schedule A (Form 990) 2021 A Greener World 81-2116665 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

|    |   |     | Yes | No |
|----|---|-----|-----|----|
| 1  | Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  | 1   |     |    |
| 2  | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   | 2   |     |    |
| 3а | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.   | 3a  |     |    |
| b  | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.   | 3b  |     |    |
| С  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  | 3с  |     |    |
| 4a | Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.   | 4a  |     |    |
| b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  | 4b  |     |    |
| С  | 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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.   | 4c  |     |    |
| 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 <b>Part VI,</b> including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was      |     |     |    |
|    | accomplished (such as by amendment to the organizing document).   | 5a  |     |    |
| b  | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | 5b  |     |    |
| С  | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5c  |     |    |
| 6  | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> . | 6   |     |    |
| 7  | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).   | 7   |     |    |
| 8  | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).   | 8   |     |    |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .   | 9a  |     |    |
| b  | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in <b>Part VI.</b></i>   | 9b  |     |    |
| С  | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI.</b>   | 9с  |     |    |
| 0a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.  | 10a |     |    |
| b  | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)  | 10b |     |    |

| 1 0 | it iv   Supporting Organizations (continued)  |        |         |     |  |
|-----|---|--------|---------|-----|--|
|     |   |        | Yes     | No  |  |
|     | Has the organization accepted a gift or contribution from any of the following persons?   |        |         |     |  |
|     | a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,<br>the governing body of a supported organization?  | 11a    |         |     |  |
|     | <b>b</b> A family member of a person described on line 11a above?   | 11b    |         |     |  |
|     | <b>c</b> 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 <b>Part VI</b> .  | 11c    |         |     |  |
| Se  | ction B. Type I Supporting Organizations  |        |         |     |  |
| _   |   |        | Yes     | No  |  |
| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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 <b>Part VI</b> 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 | 1      |         |     |  |
|     | during the tax year.  | •      |         |     |  |
| 2   | <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |        |         |     |  |
| Se  | ction C. Type II Supporting Organizations   |        |         |     |  |
|     |   |        | Yes     | No  |  |
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).   | 1      |         |     |  |
| Se  | ction D. All Type III Supporting Organizations  |        |         |     |  |
| 1   | Did the examination provide to each of its supported examinations, by the last day of the fifth month of the  |        | Yes     | No  |  |
| '   | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |        |         |     |  |
|     | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1      |         |     |  |
| 2   | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in <b>Part VI</b> how</i>   |        |         |     |  |
|     | the organization maintained a close and continuous working relationship with the supported organization(s).   | 2      |         |     |  |
| 3   | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played   |        |         |     |  |
|     | in this regard.   | 3      |         |     |  |
| Se  | ction E. Type III Functionally Integrated Supporting Organizations  |        |         |     |  |
| 1   | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).   |        |         |     |  |
|     | a The organization satisfied the Activities Test. Complete line 2 below.  |        |         |     |  |
|     | <b>b</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  | instru | uctions | s). |  |
| 2   | Activities Test. Answer lines 2a and 2b below.  |        | Yes     | No  |  |
|     | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> 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>b</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 <b>Part VI</b> 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     |         |     |  |
|     | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>   |        |         |     |  |
|     | <b>a</b> 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? <i>If 'Yes' or 'No,' provide details in Part VI.</i>  | За     |         |     |  |
|     | <b>b</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     |         |     |  |

| Pal | rt v   Type iii Noil-Functionally integrated 509(a)(5) Supporting Orga   | IIIIZal | .10115   |                                      |
|-----|--|---------|--|--------------------------------------|
| 1   | Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization                               | t on No | ov. 20, 1970 (explain ir<br>st complete Sections A | n Part VI). <b>See</b><br>through E. |
| Sec | tion A – Adjusted Net Income   |         | (A) Prior Year                                     | (B) Current Year<br>(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       |  |                                      |
| Sec | tion B — Minimum Asset Amount  |         | (A) Prior Year                                     | (B) Current Year<br>(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):  |         |  |                                      |
|     | Average monthly value of securities  | 1a      |  |                                      |
| ŀ   | Average monthly cash balances  | 1b      |  |                                      |
| (   | Fair market value of other non-exempt-use assets   | 1c      |  |                                      |
| (   | 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       |  |                                      |
| Sec | tion 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   | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6       |  |                                      |
| 7   | Check here if the current year is the organization's first as a non-functionally inte (see instructions).  | grated  | Type III supporting or                             | ganization                           |

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| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti   | inued) |   |  |  |
|-----|--|--------|---|--|--|
| Sec | ection 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 <b>Part VI</b> )   | 5      |   |  |  |
| 6   | Other distributions (describe in Part VI). See instructions.   | 6      |   |  |  |
| 7   | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7      |   |  |  |
| 8   | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | 8      |   |  |  |
| 9   | Distributable amount for 2021 from Section C, line 6   | 9      |   |  |  |
| 10  | Line 8 amount divided by line 9 amount   | 10     | • |  |  |

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

BAA Schedule A (Form 990) 2021

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Part VI

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

### Part II, Line 17b - 10% Facts and Circumstances Test - Prior Year

A Greener World maintains at least 10% of it's support from government entities and the general public. General public support continues to increase each year through a focused solicitation efforts. Foundational support for the organization is significant, but support comes from various foundations and private individuals working towards goals consistent with A Greener World's mission and programs. Foundational support is for the greater public good as directed by A Greener World programs, and use of funds are not directed by the Foundations.

## SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

A Greener World

|     |                |  |   |                                   | 81-21  | 16665                        |                          |
|-----|----------------|--|---|-----------------------------------|--|------------------------------|--------------------------|
| Pai | tΙ             | <b>Organizations Maintaining Donor</b>   | Advised Funds or Other  | Similar Fur                       | nds or Accounts.                                 |                              |                          |
|     | •              | Complete if the organization answ  | ered 'Yes' on Form 990, P   | art IV, line                      | 6.   |                              |                          |
|     |                |  | (a) Donor advised fund  | ds                                | (b) Funds and                                    | d other acc                  | counts                   |
| 1   | Total          | number at end of year  |   |                                   |  |                              |                          |
| 2   | Aggreg         | gate value of contributions to (during year)   |   |                                   |  |                              |                          |
| 3   | Aggreg         | gate value of grants from (during year)  |   |                                   |  |                              |                          |
| 4   | Aggre          | egate value at end of year   |   |                                   |  |                              |                          |
| 5   | Did th         | ne organization inform all donors and dono<br>ne organization's property, subject to the o                                       | or advisors in writing that the ass                                       | sets held in do                   | onor advised funds                               | Yes                          | □No                      |
| 6   | Did the        | ne organization inform all grantees, donors  | s, and donor advisors in writing to<br>of the donor or donor advisor, or  | hat grant fund<br>for any other   | ds can be used only purpose conferring           | □<br>□Yes                    | □No                      |
|     |                | rmissible private benefit?   |   |                                   |  | 163                          |                          |
| Pai |                | Conservation Easements.  |   | Name IV / IV and                  | 7  |                              |                          |
|     |                | Complete if the organization answ  |   |                                   | /.   |                              |                          |
| 1   |                | ose(s) of conservation easements held by   |   |                                   | 6 1:1 : 11 :                                     |                              |                          |
|     |                | Preservation of land for public use (for example   | e, recreation or education)   |                                   | on of a historically in                          | •                            |                          |
|     |                | Protection of natural habitat  |   | Preservati                        | on of a certified histo                          | ric structui                 | re                       |
| _   | ш              | Preservation of open space   |   |                                   |  |                              |                          |
| 2   | Last o         | plete lines 2a through 2d if the organization he<br>lay of the tax year.   | eld a qualified conservation contribu                                     | ition in the forr                 | n of a conservation ea                           | sement on                    | the                      |
|     | iast c         | ady of the tax year.   |   |                                   | Held at th                                       | e End of t                   | he Tax Year              |
|     | a Total        | number of conservation easements   |   |                                   |  |                              |                          |
|     |                | acreage restricted by conservation easem   |   |                                   |  |                              |                          |
|     |                | per of conservation easements on a certific  |   |                                   |  |                              |                          |
|     |                | per of conservation easements included in  |   | ` '                               | <u> </u>   |                              |                          |
|     | struc          | ture listed in the National Register   |   |                                   | 2d   |                              |                          |
| 3   | Numb<br>tax ye | per of conservation easements modified, trans<br>ear ►   | ferred, released, extinguished, or t                                      | erminated by ti                   | he organization during                           | the                          |                          |
| 4   | Numb           | per of states where property subject to conserv  | vation easement is located ►  |                                   |  |                              |                          |
| 5   |                | the organization have a written policy rega  |   |                                   |  |                              |                          |
|     |                | enforcement of the conservation easement   |   |                                   |  | Yes                          | No                       |
| 6   | Staff          | and volunteer hours devoted to monitoring, in  | specting, handling of violations, an                                      | d enforcing co                    | nservation easements                             | during the y                 | /ear                     |
| 7   |                | int of expenses incurred in monitoring, inspec   | ting, handling of violations, and en                                      | forcing conserv                   | vation easements durin                           | ng the year                  |                          |
|     | ►\$_           |  |   |                                   |  |                              |                          |
| 8   | and s          | each conservation easement reported on section 170(h)(4)(B)(ii)?   |   |                                   |  | Yes                          | No                       |
| 9   | inclu          | ort XIII, describe how the organization reported, if applicable, the text of the footnote to dervation easements.                |   |                                   |  |                              |                          |
| Pai | t III          | <b>Organizations Maintaining Collec</b>  | tions of Art, Historical Tre  | easures, or                       | Other Similar As                                 | sets.                        |                          |
|     |                | Complete if the organization answ  | ered 'Yes' on Form 990, F   | art IV, line                      | 8.   |                              |                          |
| 1:  | histor         | organization elected, as permitted under rical treasures, or other similar assets held   | l for public exhibition, education,                                       | or research i                     | atement and balance<br>n furtherance of publ     | sheet wor                    | ks of art,<br>provide in |
|     |                | XIII the text of the footnote to its financial   |   |                                   |  |                              |                          |
|     | histor         | organization elected, as permitted under lical treasures, or other similar assets held for ving amounts relating to these items: | FASB ASC 958, to report in its r public exhibition, education, or res     | evenue stater<br>search in furthe | ment and balance she<br>erance of public service | eet works o<br>e, provide th | of art,<br>ne            |
|     | ``             | Revenue included on Form 990, Part VIII, li  |   |                                   |  | \$                           |                          |
|     |                | ssets included in Form 990, Part X   |   |                                   |  | т                            |                          |
| 2   | If the amou    | organization received or held works of art, his<br>unts required to be reported under FASB A                                     | storical treasures, or other similar a<br>SC 958 relating to these items: | assets for finan                  | icial gain, provide the f                        | ollowing                     |                          |
|     | <b>a</b> Reve  | nue included on Form 990, Part VIII, line 1  |   |                                   |  | \$                           |                          |
| -   | <b>b</b> Asset | ts included in Form 990, Part X  |   |                                   |  | \$                           |                          |

| Part III Organizations Maintaining Colle  | ections of Art, Histo                           | orical Treasures, o          | r Other Similar Ass         | sets (continued)     |
|---|---|------------------------------|-----------------------------|----------------------|
| <b>3</b> Using the organization's acquisition, accession, a items (check all that apply):         | and other records, check a                      | ny of the following that m   | nake significant use of its | collection           |
| a Public exhibition   | <b>d</b> Loan                                   | or exchange program          |                             |                      |
| <b>b</b> Scholarly research   | e Other   |                              |                             |                      |
| c Preservation for future generations   | <u>—</u>  | _                            |                             |                      |
| 4 Provide a description of the organization's collect Part XIII.                                  | tions and explain how they                      | y further the organization   | 's exempt purpose in        |                      |
| 5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma | aintained as part of the o                      | organization's collection    | ?                           | Yes No               |
| Escrow and Custodial Arranger line 9, or reported an amount or                                    | <b>nents.</b> Complete if the Form 990, Part X, | the organization an line 21. | swered 'Yes' on Fo          | orm 990, Part IV,    |
| 1 a Is the organization an agent, trustee, custodia on Form 990, Part X?                          | an or other intermediary                        | for contributions or oth     | er assets not included      | ☐ Yes ☐ No           |
| <b>b</b> If 'Yes,' explain the arrangement in Part XIII   |   |                              |                             |                      |
|   |   |                              |                             | Amount               |
| c Beginning balance   |   |                              | 1 с                         |                      |
| <b>d</b> Additions during the year  |   |                              | 1 d                         |                      |
| e Distributions during the year   |   |                              | 1 e                         |                      |
| <b>f</b> Ending balance   |   |                              | 1f                          |                      |
| 2a Did the organization include an amount on Fo   | orm 990, Part X, line 21,                       | for escrow or custodial      | account liability?          | Yes No               |
| <b>b</b> If 'Yes,' explain the arrangement in Part XIII.  | Check here if the explain                       | nation has been provide      | ed on Part XIII             |                      |
|   |   |                              |                             |                      |
| Part V Endowment Funds. Complete if   | the organization ar                             | nswered 'Yes' on Fo          | orm 990, Part IV, li        | ne 10.               |
| (a) Curren  | t year (b) Prior yea                            | r (c) Two years bac          | k (d) Three years back      | (e) Four years back  |
| 1 a Beginning of year balance   |   |                              |                             |                      |
| <b>b</b> Contributions  |   |                              |                             |                      |
| c Net investment earnings, gains, and losses  |   |                              |                             |                      |
| d Grants or scholarships  |   |                              |                             |                      |
| e Other expenditures for facilities and programs  |   |                              |                             |                      |
| f Administrative expenses   |   |                              |                             |                      |
| <b>g</b> End of year balance  |   |                              |                             |                      |
| 2 Provide the estimated percentage of the curre   | ent year end balance (lir                       | ne 1g, column (a)) held      | as:                         |                      |
| a Board designated or quasi-endowment ▶   | %   |                              |                             |                      |
| <b>b</b> Permanent endowment ►  | 0   |                              |                             |                      |
| c Term endowment ► %  |   |                              |                             |                      |
| The percentages on lines 2a, 2b, and 2c should e  | equal 100%.                                     |                              |                             |                      |
|   |   | are held and administered    | d for the                   |                      |
| <b>3 a</b> Are there endowment funds not in the possession organization by:                       | ii oi tile organization tilat a                 | are neiu anu auministeret    | a for the                   | Yes No               |
| (i) Unrelated organizations   |   |                              |                             | 3a(i)                |
| (ii) Related organizations  |   |                              |                             | 3a(ii)               |
| b If 'Yes' on line 3a(ii), are the related organiza   | ations listed as required                       | on Schedule R?               |                             | . 3b                 |
| 4 Describe in Part XIII the intended uses of the  | organization's endowme                          | ent funds.                   |                             |                      |
| Part VI Land, Buildings, and Equipmen   | t.  |                              |                             |                      |
| Complete if the organization ans  |   | m 990, Part IV. line         | e 11a. See Form 99          | 00, Part X. line 10. |
| Description of property   | (a) Cost or other basis                         |                              | (c) Accumulated             | (d) Book value       |
| Description of property   | (investment)                                    | basis (other)                | depreciation                | (a) Dook value       |
| <b>1 a</b> Land   | ,   | , ,                          |                             |                      |
| <b>b</b> Buildings  |   |                              |                             |                      |
| c Leasehold improvements  |   |                              |                             |                      |
| <b>d</b> Equipment  |   | 110,287.                     | 10,602.                     | 99,685.              |
| <b>e</b> Other  |   | 110,201.                     | 10,002.                     |                      |
| Total. Add lines 1a through 1e. (Column (d) must e  |   | column (B), line 10c.)       | <b>&gt;</b>                 | 99,685.              |
| <u> </u>  | •   |                              |                             |                      |

Schedule D (Form 990) 2021

| <b>Part VII</b>  |                              | Other Securities.                  |                     | N/A  |                        |
|------------------|------------------------------|------------------------------------|---------------------|--|------------------------|
|                  |                              |                                    |                     | ), Part IV, line 11b. See Form                   |                        |
| (a) Desc         | cription of security or cate | gory (including name of security)  | (b) Book value      | (c) Method of valuation: Cost or end             | -of-year market value  |
| (1) Financ       | cial derivatives             |                                    |                     |  |                        |
|                  | y held equity interes        | ts                                 |                     |  |                        |
| (3) Other        |                              |                                    |                     |  |                        |
| (A)              |                              |                                    |                     |  |                        |
| (B)              |                              |                                    |                     |  |                        |
| (C)              |                              |                                    |                     |  |                        |
|                  |                              |                                    |                     |  |                        |
| (D)<br>(E)       |                              |                                    |                     |  |                        |
| (F)              |                              |                                    |                     |  |                        |
| (G)              |                              |                                    |                     |  |                        |
| (H)              |                              |                                    |                     |  |                        |
| (l)              |                              |                                    |                     |  |                        |
| Total. (Colur    | nn (b) must equal Form 9     | 90, Part X, column (B) line 12.) 🕨 |                     |  |                        |
| <b>Part VIII</b> | Investments -                | Program Related.                   | N/ 1 E 000          | N/A  | 000 D 1 1 1 10         |
|                  |                              |                                    |                     | ), Part IV, line 11c. See Form                   |                        |
|                  | (a) Description of           | investment                         | (b) Book value      | (c) Method of valuation: Cost or en              | d-of-year market value |
| (1)              |                              |                                    |                     |  |                        |
| (2)              |                              |                                    |                     |  |                        |
| (3)              |                              |                                    |                     |  |                        |
| (4)              |                              |                                    |                     |  |                        |
| (5)              |                              |                                    |                     |  |                        |
| (6)              |                              |                                    |                     |  |                        |
| (7)              |                              |                                    |                     |  |                        |
| (8)              |                              |                                    |                     |  |                        |
| (9)              |                              |                                    |                     |  |                        |
| (10)             | mn (h) must squal Form (     | 90, Part X, column (B) line 13.) • |                     |  |                        |
| Part IX          |                              |                                    | N/Δ                 |  |                        |
| I dit ix         | Complete if the              | e organization answered            | 'Yes' on Form 990   | ), Part IV, line 11d. See Form                   | 990, Part X, line 15.  |
|                  | ·                            |                                    | scription           |  | (b) Book value         |
| (1)              |                              |                                    |                     |  |                        |
| (2)              |                              |                                    |                     |  |                        |
| (3)              |                              |                                    |                     |  |                        |
| (4) (5)          |                              |                                    |                     |  |                        |
| (6)              |                              |                                    |                     |  |                        |
| (7)              |                              |                                    |                     |  |                        |
| (8)              |                              |                                    |                     |  |                        |
| (9)              |                              |                                    |                     |  |                        |
| (10)             |                              |                                    |                     |  |                        |
| Total. (Co       | olumn (b) must equa          | ıl Form 990, Part X, column (l     | 3) line 15.)        |  | <b>&gt;</b>            |
| Part X           | Other Liabilitie             | es.                                | 000 5 1 11 11 11    |  | _                      |
|                  | Complete if the org          |                                    |                     | le or 11f. See Form 990, Part X, line 2          |                        |
| 1.               | val income tovas             | (a) Descr                          | iption of liability |  | (b) Book value         |
| (1) Fede         | eral income taxes            |                                    |                     |  |                        |
| (3)              |                              |                                    |                     |  |                        |
| (4)              |                              |                                    |                     |  |                        |
| (5)              |                              |                                    |                     |  |                        |
| (6)              |                              |                                    |                     |  |                        |
| (7)              |                              |                                    |                     |  |                        |
| (8)              |                              |                                    |                     |  |                        |
| (9)              |                              |                                    |                     |  |                        |
| (10)             |                              |                                    |                     |  |                        |
| (11)             |                              |                                    |                     |  |                        |
| T-1-1 (0-1       |                              |                                    |                     |  |                        |
|                  |                              | 90, Part X, column (B) line 25.)   |                     | nancial statements that reports the organization | <u> </u>               |

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.   |          |            |  |  |  |  |
|---|----------|------------|--|--|--|--|
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.   |          |            |  |  |  |  |
| 1 Total revenue, gains, and other support per audited financial statements  | 1        | 2,548,722. |  |  |  |  |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |          |            |  |  |  |  |
| a Net unrealized gains (losses) on investments  |          |            |  |  |  |  |
| b Donated services and use of facilities  |          |            |  |  |  |  |
| c 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        | 2,548,722. |  |  |  |  |
| 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.  |          |            |  |  |  |  |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   |          | 2,548,722. |  |  |  |  |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p  | er Retur | n.         |  |  |  |  |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.   |          |            |  |  |  |  |
| 1 Total expenses and losses per audited financial statements  | 1        | 2,163,844. |  |  |  |  |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:   |          |            |  |  |  |  |
| a Donated services and use of facilities  |          |            |  |  |  |  |
| b Prior year adjustments  |          |            |  |  |  |  |
| c Other losses. 2c  |          |            |  |  |  |  |
|   |          |            |  |  |  |  |
| d Other (Describe in Part XIII.)  |          |            |  |  |  |  |
| d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  |          |            |  |  |  |  |
| d Other (Describe in Part XIII.)  |          | 2,163,844. |  |  |  |  |
| d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:   |          | 2,163,844. |  |  |  |  |
| d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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.  4 a                                   |          | 2,163,844. |  |  |  |  |
| d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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.)  4 b | 3        | 2,163,844. |  |  |  |  |
| d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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.  4 a                                   | 3<br>4c  | 2,163,844. |  |  |  |  |

Part XIII | Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2021

### SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

2021

OMB No. 1545-0047

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

A Greener World

81-2116665

### Form 990, Part I, Line 1 - Organization Mission or Significant Activities

A Greener World identifies, audits, certifies and promotes practical, sustainable farming systems by supporting farmers and ranchers and informing consumers. AGW's growing family of trusted certification programs are designed to have positive and measurable impacts on the environment, society and animals, and to encourage truly sustainable farming practices. AGW's standards and procedures are robust, transparent and achievable.

### Form 990, Part III, Line 1 - Organization Mission

A Greener World empowers sustainable solutions in agriculture, promoting and supporting real-life farming models to the public and offering farmers and ranchers practical guidance, resources and support on achieving truly sustainable farming systems. A Greener World's evolving mission has four key components: 1. To identify and promote agricultural systems that have a positive impact on the environment, society and animals (wild and farmed) 2. To educate consumers about the environmental, social and animal outcomes of their food purchasing decisions 3. To establish and promote trusted farm certification programs that help reconnect the consumer and food producer by encouraging, and rewarding, positive farm management changes 4. To support independent farmers who are committed to sustainabl livestock production

### Form 990, Part III, Line 4d - Other Program Services Description

Certified Regenerative by AGW is the only certification in North America that provides a whole-farm assurance of continual improvement, measuring real change in partnership to benefit soil, water, air, biodiversity, infrastructure, animal welfare and social responsibility. This innovative program ensures farms are meeting initial rigorous sustainability standards while making continual improvement through

 Schedule O (Form 990) 2021
 Page 2

| Name of the organization | Employer identification number |
|--------------------------|--------------------------------|
| A Greener World          | 81-2116665                     |

### Form 990, Part VI, Line 11b - Form 990 Review Process

The board will review and approve the form 990 prior to filing.

### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Officers and Directors of the organization are required to disclose any potential conflicts of interest on an annual basis.

### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

For Directors and non-exempt employees, the organization bases compensation on comparisons to other similar non-profit organizations.

### Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The annual base for an exempt employee as determined by the DOL is used as a basis for several employee salaries.

### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Documents are made available to the public upon request.

### Form 990, Part IX, Line 11g Other Fees For Services

|  |         | (A) Total                       | (B)<br>Program<br>Services     | (C)<br>Management<br><u>&amp; General</u> | (D)<br>Fund-<br><u>raising</u> |
|--|---------|---------------------------------|--------------------------------|---|--------------------------------|
| Contractors<br>Outside services<br>Professional services |         | 93,200.<br>345,345.<br>111,107. | 93,200.<br>320,147.<br>47,897. | 2,658.<br>63,210.                         | 22,540.                        |
|  | Total 🕏 | 549,652.                        | \$ 461,244.                    | \$ 65,868.                                | \$ 22,540.                     |

BAA Schedule O (Form 990) 2021