Form 990

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

2021 Open to Public Inspection

Form 990 (2021)

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for Instructions and the latest information. Inspection For the 2021 calendar year, or tax year beginning and ending C Name of organization Check if applicable: D Employer identification number Address change Clean Up The River Environment Doing business as Name change 31-1693392 Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 117 South First St 320-269-2984 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Montevideo MN 56265 Amended return G Gross receipts \$ 688,112 Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? Rhyan Schicker Yes 117 South First Street H(b) Are all subordinates included? Montevideo 56265 If "No," attach a list. See instructions Tax-exempt status: **X** 501(c)(3) 501(c) ( 4947(a)(1) or 527 www.cureriver.org Website: H(c) Group exemption number X Corporation Trust Association Form of organization: Year of formation: 1992 M State of legal domicile: MN Part I Summary 1 Briefly describe the organization's mission or most significant activities: See Schedule O Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 10 4 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 9 6 Total number of volunteers (estimate if necessary) 6 100 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 673,837 9 Program service revenue (Part VIII, line 2g) 669,376 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) O 1,895 2,162 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 50,648 16.574 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 726,380 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 688,112 260 40,008 14 Benefits paid to or for members (Part IX, column (A), line 4) 350 1,725 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 305,223 324,008 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 47,802 70,088 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 353,635 435,829 19 Revenue less expenses. Subtract line 18 from line 12 372,745 252,283 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 626,613 879,808 21 Total liabilities (Part X, line 26) 50,472 51,384 22 Net assets or fund balances. Subtract line 21 from line 20 576,141 828,424 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and charmed eviaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 11/3/2022 Sign 296744696696491 Here Peter Kennedy Treasurer Type or print name and title Print/Type preparer's name Check Paid James B. Knutson /0/28/2belf-employed P00333572 Preparer Dana F. Cole & Company 47-0526649 **Use Only** Firm's EIN 590 South Highway 29, Suite Montevideo, MN 56265 320-269-2146 Phone no. May the IRS discuss this return with the preparer shown above? See instructions For Paperwork Reduction Act Notice, see the separate instructions. Yes

orm 990 (2021) Clean Up The	River Environment	31-1693392	Page
Part III Statement of Progra	m Service Accomplishments		
Check if Schedule O	contains a response or note to any	ine in this Part III	<u></u>
Briefly describe the organization's mis See Schedule O	ssion:		
see schedute O			***************************************
***************************************			
***************************************			
Distance of the second of the			
2 Did the organization undertake any sig	gnificant program services during the year wh	ich were not listed on the	
prior Form 990 or 990-EZ?		*************************	Yes X N
ii res, describe triese riew services	on Schedule O.		
B Did the organization cease conducting	g, or make significant changes in how it condu	cts, any program	
services?			Yes X N
If "Yes," describe these changes on S	chedule O.		
Describe the organization's program s expenses. Section 501(c)(3) and 501(	ervice accomplishments for each of its three c)(4) organizations are required to report the	argest program services, as	s measured by
the total expenses, and revenue, if any	y, for each program service reported.	another grants and anotal	nons to others,
ta (Code: ) (Expenses \$	299,879 including grants of S	40.008	\ /Paugus 6
See Schedule O	ggants of		
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b (Code: ) (Expenses \$ N/A	including grants of \$		) (Revenue \$
N/A			
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I/A			) (Nevenue \$
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Other progress			
Other program services (Describe on So			
(Expenses \$	including grants of \$ 299,879	) (Revenue \$	)
e Total program service expenses ▶	299.879		

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	$\vdash$
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5	***************************************	4		X
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	_		٠,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Ves " complete Schadule D. Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<del></del>		1
•	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			<del></del> -
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			1
	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		X
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			v
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	х	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		<b></b>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		^
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	··	X
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		Х
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	4-		₹.
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		Х
	Part VIII lines 1c and 822 If "Ves " complete Schedule C. Dort II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		-22
	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		
24	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individua	ls on			F	<u> </u>	es N	ł
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	41,			١,	2	١,	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				_	4		_
	organization's current and former officers, directors, trustees, key employees, and highest compensate	d						
24.	employees? If Yes," complete Schedule J				2	3	3	X
248	an outstanding principal amount of more than	,	***********	********	-	<u> </u>	+	-
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Ves " answer line	s 24b		•				
t	unough 24d and complete Schedule K. If "No," go to line 25a				24	a	3	X
	any proceeds of tax-exempt bonds beyond a temporary period exception?				24		一一	_
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the to defease any tax-exempt bonds?	year					+	_
d	Did the organization pet op on "an habitation"				24	С		
	or belian of belian of issuel for bollds outstanding at any time during the year?				24			-
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess transaction with a disqualified person divise the year?	s ben	efit					_
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I				25	а	K	ζ
	are a consider a consider an an excess benefit transaction with a disqualified person in	prior						
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 99 if "Yes," complete Schedule L, Part I	0-EZ?						
26					25	b	X	ζ
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	current	t					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II							
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee				26		X	
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	, key						_
	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	l						
28	Was the organization a party to a business transaction with one of the following parties (see the Schedu			************	27	1	X	
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	ıle L,						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor	a						
	"Yes," complete Schedule L, Part IV	? If						
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV				28a	Ц	X	
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				28t	<u> </u>	X	
	"Yes," complete Schedule L, Part IV							
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule				280	4	X	***
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	M			29		X	_
	conservation contributions? If "Yes," complete Schedule M							
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes " complete School to				30	╁	X	_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	IV, Pa	irt i	• • • • • • • • • • • • • • • • • • • •	31		Х	_
	complete Schedule N, Part II							
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regula	tione			32	┼	X	_
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R. Part I							
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Bert II	III			33	┼	X	_
	or iv, and Part v, line 1				34		7.7	
35a	the organization have a controlled entity within the meaning of section 512/b)(13)2				34	┼	X	
b	if "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			**********	35a	┼-	X	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 3.				35b			
36	Section 50 (c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	• • • • • •			วอม	<del>                                     </del>	┼	_
~~	related organization? If "Yes," complete Schedule R. Part V. line 2				36		x	
37	and a related organized and a related organized and a related organized orga	tion	**********		30	<del> </del>	+^	
20	and that is treated as a partnership for federal income tax purposes? If "Ves." complete Schodulo B. Don	4 1.77		İ	37		х	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines, 144	and		**********	- 01	<del>                                     </del>	<del>  ^</del>	-
Po	15: Note: All Form 990 filers are required to complete Schedule O				38	x		
гa	rt V Statements Regarding Other IRS Filings and Tax Compliance			`	70		<del></del>	-
	Check if Schedule O contains a response or note to any line in this Part V	٠٠٠					$\Box$	
1-				<u> </u>	<u> </u>	Yes	No	-
1a h	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	4	1	TV S VERSON		140	-
b c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		r sravivija.			
Ç	Did the diganization comply with backup withholding rules for reportable payments to vendors and				o a composition			
)AA	reportable gaming (gambling) winnings to prize winners?				1c	X		
- / 47							-	

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2a	The second secon	<u>red)</u>				Yes	s No
40	The state of the s						
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	9		÷		
b	and the organization like all required rederal employment tax returns?	• • • • • • • • •			2b	X	
٠.	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			,			1
3a	services and an expression pasitions and a property of the following the vests				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O				3b		
4a	and the organization have an interest in, or a signature or other auth	ority o	ver,			1	_
	a financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)1	?		4a		X
b	If "Yes," enter the name of the foreign country ▶		*************************			1	+==
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acco	ounts (I	FBAR).	*******			
5a	was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	?			5b	+	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			*******	5c	+	+**
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		**********		<del>"</del>	+	+-
	organization solicit any contributions that were not tax deductible as charitable contributions?				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or			Ua	+-	+~
	gitts were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).				00	┪	+
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	İs				1	
	and services provided to the payor?				7.0		v
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	• • • • • • •	· · · · · · · · · · · · · · · · · · ·		7a	+	X
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			*********	7b	<del> </del> -	╆-
	required to file Form 8282?						
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d			7 <u>c</u>	+	X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	act?					👡
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**********	7e	┼	X
g	if the organization received a contribution of qualified intellectual property, did the organization file Form 8	800 ac	required?		7f	┼	X
h	in the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	file a F	orm 1098		7g	┼─	┼─┈
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	v the	01111 1030-		7h	+	┼
	sponsoring organization have excess business holdings at any time during the year?	,			_		ŀ
9	Sponsoring organizations maintaining donor advised funds.				8	-	100
а	Did the sponsoring organization make any taxable distributions under section 4966?				_		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9a	├	<del> </del>
10	Section 501(c)(7) organizations. Enter:				9b		
а	Initiation food and conital actually the state of the sta	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	100					
а	Gross income from members or shareholders	11a					
þ	Gross income from other sources. (Do not net amounts due or paid to other sources	ı ıa					
	against amounts due or received from thom )	11b					
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	412					1
þ	II I ES. EDIEF THE amount of tax-exempt interest resolved as a second to tax-exempt.	1.			12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12b			strikuna Amerikal		termije. Lemma
a	Is the organization licensed to issue qualified health plans in more than one state?			-		—	
	Note: See the instructions for additional information the organization must report on Schedule O.				13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			ľ			*******
	The expension in linear and to the last the second	425			rere de sienis		
С	Enter the amount of reserves on hand	13b 13c					
4a	Did the organization receive any payments for indoor tanning services during the tax year?	130					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O				14a		X
ð	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				14b		·······
	excess parachute payment(s) during the year?				_		
	If "Yes," see instructions and file Form 4720, Schedule N.				15		<u> </u>
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment incol	me?					
	If "Yes," complete Form 4720, Schedule O.	HE!			16		<u> </u>
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in			1			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				,,		
	If "Ves " complete Form 6000				17	ŀ	

	m 990 (2021) Clean Up The River Environment 31-1693392				F	age 6
P	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through	17b	below, a	nd for a "N	lo"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on	Sche	dule 🔾.	See instru	ctions	:.
	Check if Schedule O contains a response or note to any line in this Part VI	and the same of	• • • • • • • • • • • • • • • • • • • •			X
Se	ction A. Governing Body and Management					
					Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		·			
	any other officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct					<del></del>
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?	• • • • •	· · · · · · · · · · · · · · · · · · ·	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		• • • • • • • • • • • • • • • • • • • •			
	one or more members of the governing body?			70	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			7a		
	stockholders, or persons other than the governing body?			7.		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	the f	Howings	7b		
а	The governing body?		_		x	
b	Each committee with authority to act on behalf of the governing body?			8a 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			80	A	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		***
Sec	tion B. Policies (This Section B requests information about policies not required by the Intern	al R	evenue	Codo	L	X
	The first state of policies from the first from the	arry	ovenue	Code.)		
10a	Did the organization have local chapters, branches, or affiliates?			[40-	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			10a		X
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			401		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	farm?				37
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1011111		11a	oronia.	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				1000 A 200	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to disclose annually interests that could give rise to disclose annually interests.		4-0	12a	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	COMPRE	as /	12b	Х	
	describe on Schedule O how this was done					
13	Did the organization have a written whistleblower policy?			12c	_X	
14	Did the organization have a written document retention and destruction policy?			13	X	
15	Did the process for determining compensation of the following persons include a review and approval by			14	X	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					* *** * *
a	The organization's CEO Evacutive Director and the second s					
b	Other officers or key employees of the organization				X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			15b		<u> </u>
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?			1 11 11 11		*****
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			16a		<u> </u>
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
Sec	organization's exempt status with respect to such arrangements? tion C. Disclosure			16b		
17						
18						
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	1 501(	c)			
19						
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p financial statements available to the public during the tax year.	olicy,	and			
20						
	State the name, address, and telephone number of the person who possesses the organization's books and records tureen Laughlin 117 South First St	•				
		_	_			
	ntevideo MN 5626	⊃.	3	20-760	J-0(	189

Form 990 (2	021) Clean Up The River Environment	31-1693392	
Part VII	Compensation of Officers, Directors, Trustees, Key En Independent Contractors	nployees, Highest Compensated E	
	Check if Schedule O contains a response or note to any lin	ine in this Part VII	
Section A.	- The state of the	isated Employees	<u> </u>
1a Complete organization	e this table for all persons required to be listed. Report compensation for the	calendar year ending with or within the	

- organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of
- compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above

		7 10.01	.00 01			on co	mpe	nsated any current officer, c	irector, or trustee.	
(A) Name and title	( <b>B</b> ) Average hours per week	b	do not ox, unli	Pos check ess pe nd a c	erson i Iirecto	is both r/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below dotted line)	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Sean Carroll		T								
Vice Chair	1.00	x		X						
(2) Misty Butler	- 0.00	1		Λ				0	0	
	1.00									
Director	0.00	X						0	ام	
(3) Peter Kennedy									0	
Freasurer	1.00									
(4) Brian Wojtalewi	0.00	X		Х			_	0	0	
Wolfan Molcatemi	1									
Secretary	0.00	٠,		.,						
(5) Jim Falk	0.00	X		X				0	0	
(0) 0 ====	1.00									
Director	0.00	x								
(6) Kathy Hartley	0.00	A	_	-		-	$\dashv$	0	0	
	1.00									
irector	0.00	x						0		
(7) Glen Jacobsen				_		_	$\dashv$	<u> </u>	0	
	1.00		Ì							
Director	0.00	$ \mathbf{x} $						o		
8)Margaret Kuchen:	euther					_				
	1.00									
irector	0.00	Х						0	o	
(9) Lance Lindeman								<u> </u>		
	1.00									
nPhase Cali	0.00	X						0	0	
0)Rhyan Schicker										· · · · · · · · · · · · · · · · · · ·
that a	1.00									
hair	0.00	Х		X	$\perp$	$\bot$		0	0	
1)Duane Ninneman	40.00									
xecutive Director	40.00		1.							
vecacine pirector	0.00		L	X		$\bot$		77,500	0	8,15
4										Form <b>990</b> (2

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mplo	yee	s, ar	nd Highest Compensated	Employees (continued)			<u>F</u>	age
(A) Name and title	(B) Average hours per week	(c	do not ox, uni	Pos check less pe	C) sition more erson i	than o s both	one an	(D) Reportable compensation	(E) Reportable compensation	Es	(F) timated a of othe		
	(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	or	compensa from th ganizatio ted organ	ne on and	s
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
											***		
											****		
												•	
	,												
Subtotal     Total from continuation shee     Total (add lines 1b and 1c)	ts to Part VII, Se	ectic	n A				<b>7 4</b>	77,500 77,500				8,1	
Total number of individuals (inc reportable compensation from t	luding but not lim	ited	to th	ose	isted	abo	ve) v	who received more than \$10	00,000 of			8,1	150
<ul> <li>Did the organization list any for employee on line 1a? If "Yes," of for any individual listed on line</li> </ul>	complete Schedu. 1a, is the sum of	le Ji repo	fo <i>r su</i> ortab	<i>uch ii</i> le co	ndivi mne	<i>dual</i> nsati	on a	nd other compensation from	n the	· · · · [	3	Yes	No X
for services rendered to the org	receive or accru anization? If "Yes	 e co	mpei	nsati	on fr	 om a	nv u	prelated organization or ind	ividual	-	5		X
Section B. Independent Contractor  Complete this table for your five	s highest compen	sate	d ind	lener	nden	con	tract	tors that received more than	\$100 000 of				
compensation from the organiza	ation. Report com (A) business address	pen	satio	n for	the	caler	ndar	year ending with or within the	ne organization's tax year. (B) on of services		Comi	(C) pensatio	
			,								Comp	pensau	711
								· · · · · · · · · · · · · · · · · · ·					
Total number of independent co	ntractors (includi	ng b	ut no	ıt lim	ited I	o the	se li	isted above) who					
received more than \$100,000 of	compensation fr	om t	he o	rgan	izatio	on 🕨			0		Form	990	/2021\

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) Related or exempt (D) Unrelated business revernue Revenue excluded function revenue from tax under sections 512-514 , Gifts, Grants nilar Amounts 1a Federated campaigns 1a **b** Membership dues 1b 235 c Fundraising events 1¢ d Related organizations 1d e Government grants (contributions) 84,060 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 585,081 g Noncash contributions included in lines 1a-1f ............ 1<u>g</u> h Total. Add lines 1a-1f ▶ 669,376 **Business Code** Program Service f All other program service revenue g Total. Add lines 2a-2f  $\blacktriangleright$ Investment income (including dividends, interest, and other similar amounts) 2,162 2,162 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 5,100 6a Gross rents 6a b Less: rental expenses 6b 5,100 c Rental inc. or (loss) 6c d Net rental income or (loss) 5,100 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory 7a b Less: cost or other basis and sales exps. 7b c Gain or (loss) 7c d Net gain or (loss) ..... 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 10,457 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 10,457 10,457 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory  $\triangleright$ Business Code iscellaneous 11a 900099 1,017 1,017 b d All other revenue Total. Add lines 11a-11d 1,017 • Total revenue. See instructions 688,112 1,017 17,719

Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)

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.)

De minimis Equipment

Rental Expenses

All other expenses

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ following SOP 98-2 (ASC 958-720)

Total functional expenses, Add lines 1 through 24e

Repairs & Maintainance

Supplies

Clean Up The River Environment Form 990 (2021) 31-1693392 Page 10 Statement of Functional Expenses Part IX 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 (B) Program service Do not include amounts reported on lines 6b, 7b, (A) Total expenses (C) (D) Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 40,008 40,008 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 1,725 1,725 Compensation of current officers, directors, 85,650 60,727 trustees, and key employees 22,954 1,969 Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 196,225 139,124 Other salaries and wages 52,550 4,551 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 19,262 13.652 5,068 542 Other employee benefits 9 10 Payroll taxes 22,871 15,211 7,039 621 11 Fees for services (nonemployees): Management а Legal b 1,780 Accounting 1,780 C Lobbying

12	Advertising and promotion	450	250	200	
13	Office expenses	2,817	25	157	
14	Information technology	15,908	7,563	7,665	
15	Royalties			•	
16	Occupancy	7,981	1,787	6,116	**********
17	Travel	440	440		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	901	850	51	
20	Interest	2,541	2,033	508	
21	Payments to affiliates		,		
22	Depreciation, depletion, and amortization	4,465	4,375	90	
23	Insurance	3,157		3,157	
~ 4	Other Ht				

6,469

5,016

2,622

2,486

4,755

435,829

8,300

24

C

e

187

2,635 680

7.500

473

2,662

2,622

2,486

1,685

124,763

800

5,996

2,354

2,959

299,879

Clean Up The River Environment

31-1693392

	990 (2021) Clean Up The River	Environme	nt 31-	·1693392		Page 11			
Par		ranta ta ancili. Il ili	tio Double			-			
,	Check if Schedule O contains a response of	r note to any line in t	his Part X		T.				
				(A) Beginning of year		(B)			
	1 Cash—non-interest-bearing			132,357		End of year			
	2 Savings and temporary cash investments		·····	357,994	1 2	361,802			
-	3 Pledges and grants receivable, net			337,334		359,88			
	4 Accounts receivable, net		·····		3				
	5 Loans and other receivables from any current or for	ormer officer, directo	r	· · · · · · · · · · · · · · · · · · ·	-4-				
ı	trustee, key employee, creator or founder, substat			:					
	controlled entity or family member of any of these	persons	1		5				
-   1	6 Loans and other receivables from other disqualifie		rd		3				
22	under section 4958(f)(1)), and persons described	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)							
Assets	7 Notes and loans receivable, net	900(15)(0)	- I		6 7				
;   ۴	8 Inventories for sale or use		••••••		8				
١	9 Prepaid expenses and deferred charges			644					
1	0a Land, buildings, and equipment: cost or other		· · · · · · · · · · · · · · · · · · ·		7				
	basis. Complete Part VI of Schedule D	10a	216,967	enter i de como como como como como como como com	mona access see	en nanna ann earleann agus ann an an ann an an an an an an an an a			
	b Less: accumulated depreciation	10b	58,848	83,643					
	1 Investments—publicly traded securities			03,023	11	158,119			
1:	2 Investments—other securities. See Part IV, line 11				12				
1:	3 Investments—program-related. See Part IV, line 1	1			13				
14	4 Intangible assets	,			14				
1!	5 Other assets. See Part IV, line 11			51,975					
10	6 Total assets. Add lines 1 through 15 (must equal	line 33)		626,613	16	879,808			
17			472	17	019,000				
18	o Grants payable	l l		18					
19	a Deletred revenue				19				
20	o rax-exempt bond habilities		i i		20				
21	1 Escrow or custodial account liability. Complete Par	t IV of Schedule D			21				
g 22	2 Loans and other payables to any current or former	officer, director,			1 3 4 4 1				
Clabillies	trustee, key employee, creator or founder, substan		5%			en en en en en en en en en en en en en e			
8	controlled entity or family member of any of these	persons			22				
23   <sup>ل</sup>		d third parties			23				
24	4 Unsecured notes and loans payable to unrelated the	sird partice		50,000	24	46,173			
25	5 Other liabilities (including federal income tax, paya	bles to related third				+0, +73			
	parties, and other liabilities not included on lines 17	-24). Complete Part	Х						
	of Schedule D				25	5,211			
26	Total liabilities. Add lines 17 through 25			50,472	26	51,384			
1	Organizations that follow FASB ASC 958, chec	k here ▶ X							
	and complete lines 27, 28, 32, and 33.	<del>_</del>	į:						
27	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			576,141	27	474,809			
3 28	Net assets with donor restrictions				28	353,615			
₹	Organizations that do not follow FASB ASC 95								
:	and complete lines 29 through 33.		en en en en en en en en en en en en en e	Salah Salah Salah					
29				29	ikan kembanan di kembanan di di di di kembanan di kembanan di kembanan di kembanan di kembanan di kembanan di k Kembanan di kembanan di ke				
30	and a series of a	ment fund	.,,,,,,,		30				
27 28 29 30 31 32	5-1	ne, or other funds			31				
				576,141	32	828,424			
33	Total liabilities and net assets/fund balances			626,613	33	879,808			

Form **990** (2021)

For	m 990 (2021) Clean Up The River Environment 31-1693392				
P	art XI Reconciliation of Net Assets			P	age 12
	Check if Schedule O contains a response or note to any line in this Part XI				
1	· viario i orido (mast eguar Fait Vill. Columni (A), line 17)	1	<u></u>	00	-
2	The state of the s	2			112
3	Revenue less expenses. Subtract line 2 from line 1	3			829
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments	4			283
5		5		76,	141
6		6			
7	Investment expenses Prior period adjustments	7			
8		8			
9	ones or anges at het assets of fulld balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	9			
	32, column (B))	1,0	_	~ ~	
Pi	art XII Financial Statements and Reporting	10	8	28,	424
	Check if Schedule O contains a response or note to any line in this Part XII				
		******	<u></u>	<del></del>	<del>,                                    </del>
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		4	Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other" explain on	<del></del>			
	Scriedule C.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			* .	
	These, check a box below to indicate whether the financial statements for the year were compiled or		2a		X
	reviewed on a separate basis, consolidated basis, or both:			l	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	vvere the organization's financial statements audited by an independent accountant?			•	
	if "Yes," check a box below to indicate whether the financial statements for the year were audited on a		2b		X
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	if Yes to line 2a or 2b, does the organization have a committee that assumes responsibility for exercise to the				
	the addit, review, or compilation of its financial statements and selection of an independent accountant?				
	if the diganization changed either its oversight process or selection process during the tax year, explain an		2c		
	ochequie O.				
Зa	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?				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	• • • • • • • • • • • • • • • • • • • •	3a		<u>X</u>
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
	, and any such about		.   3b	- 1	

#### SCHEDULE A (Form 990)

Name of the organization

# **Public Charity Status and Public Support**

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

OMB No. 1545-0047

Department of the Treasury Attach to Form 990 or Form 990-EZ. Internal Revenue Service

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

Inspection

Employer identification number Clean Up The River Environment 31-1693392 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

Total

Schedule A (Form 990) 2021 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. Part II

Sec	ction A. Public Support	rails to quality	under the tests	listed below, p	lease complete	rait III.)	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2O21	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		(2/20)	(0) 2010	(4) 2020	(6) 2021	(f) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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					erroren er en en en en en en en en en en en en en	
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	<u> </u>	1				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						.,,
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (	see instructions)				12	
13	First 5 years. If the Form 990 is for the org	anization's first, se	cond, third, fourth, o	r fifth tax year as a	section 501(c)(3)		
	organization, check this box and stop here	. , , , , , , , , , , , , , , , , , , ,				*****	▶ □
Sec	tion C. Computation of Public Su		age				
14	Public support percentage for 2021 (line 6,	column (f) divided t	by line 11, column (f	))		14	%
15	Public support percentage from 2020 Schel	dule A, Part II, line	14			15	%
16a	33 1/3% support test—2021. If the organic	zation did not check	k the box on line 13,	and line 14 is 33 1	/3% or more, chec	k this	
	box and stop here. The organization qualif					• • • • • • • • • • • • • • • • • • • •	▶ [
b		zation did not check	k a box on line 13 or	16a, and line 15 is	33 1/3% or more,	check	
	this box and stop here. The organization q						▶ 🗌
17a		1. If the organization	on did not check a be	ox on line 13, 16a,	or 16b, and line 14	is	
	10% or more, and if the organization meets Part VI how the organization meets the fact	the facts-and-circu s-and-circumstance	imstances test, chec es test. The organiz	ck this box and <b>sto</b> ation qualifies as a	p here. Explain in publicly supported		
1	organization		*********			**************	▶ 🗌
b	10%-facts-and-circumstances test—202	<b>0.</b> If the organization	on did not check a be	ox on line 13, 16a,	16b, or 17a, and lin	e	
	15 is 10% or more, and if the organization n	neets the facts-and	l-circumstances test	, check this box an	id <b>stop here</b> . Expla	in	
	in Part VI how the organization meets the fa						
10	organization						▶ 🗍
18	Private foundation. If the organization did	not check a box on	ı line 13, 16a, 16b, 1	7a, or 17b, check t	this box and see		_
	instructions						▶ 🗍

Schedule A (Form 990) 2021

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

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

Sec	tion A. Public Support	1					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2O 21	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	279,083	329,600	369,573	673,837	669,376	2,321,469
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	439	6,798	5,071	44,833	1,017	58,158
3	Gross receipts from activities that are not an unrelated trade or business under section 513	5,759	663	1,904	176	10,457	18,959
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	285,281	337,061	376,548	718,846	680,850	2,398,586
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	169,167	180,000	285,000	455,000	420,000	1,509,167
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	169,167	180,000	285,000	455,000	420,000	1,509,167
8	Public support. (Subtract line 7c from line 6.)	-					889,419
-	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	285,281	337,061	376,548	718,846	680,850	2,398,586
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,401	6,523	7,673	7,550	7,262	34,409
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	5,401	6,523	7,673	7,550	7,262	34,409
11	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	290,682	343,584	384,221	726,396	688,112	2,432,995
14	First 5 years. If the Form 990 is for the org organization, check this box and stop here	ganization's first, sec	cond, third, fourth,	or fifth tax year as a	a section 501(c)(3)		2,432,995
Sec	tion C. Computation of Public St		age	· <u> </u>			·
15	Public support percentage for 2021 (line 8,	column (f), divided	by line 13, column	(f))		15	36.56%
16	Public support percentage from 2020 Sche	dule A, Part III, line	15				38,06%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2021 (lin			column (f))			1 %
18	Investment income percentage from 2020						1%
19a	33 1/3% support tests—2021. If the organ 17 is not more than 33 1/3%, check this bo	x and <b>stop here</b> . Th	ne organization qui	alifies as a publicly	supported organiza	ition	<b>▶</b> X
b	33 1/3% support tests—2020. If the organ						
	line 18 is not more than 33 1/3%, check thi						
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	ind see instructions		🕨 📗

Schedule A (Form 990) 2021

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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Schedu	le A (Form 990) 2021 Clean Up The River Environment 31-16933	92		Page 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		<u> </u>
Occi	Un B. Type i Supporting Organizations		Yes	N <sub>a</sub>
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		165	No
•	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 during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported	1	7 5	2012/04/2017
•	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			<u> </u>
·			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		·	1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	,		
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	naha ang mala ng manahana		*****
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
043	supported organizations played in this regard.	3		<u> </u>
	on 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	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruct	ions).		I
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	********		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		···· /··· , ···· · · · · · · · · · · · ·	***************************************
b	•	2a		
D	Did the activities described on line 2a, above, constitute activities that, but for the organization's		,,-,,	essentant est es un
	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			
2	have engaged in these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
3	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			' '
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	2-		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	of its supported organizations? If "Ves" describe in Part VI the role placed by the organization in this regard	26		

Schedu	le A (Form 990) 2021 Clean Up The River Environme		31-16933	392 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 2	0, 197	0 (explain in Part VI). See	
	instructions. All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E.	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):		•	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		***************************************
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6	<ul> <li>Substitute the total and more than the power of the control of the c</li></ul>	
7	Check here if the current year is the organization's first as a non-functionally integrated Type	oe III s	upporting organization	

Schedule A (Form 990) 2021

(see instructions).

Clean Up The River Environment Schedule A (Form 990) 2021 31-1693392 Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required-provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2021 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 a From 2016 b From 2017 c From 2018. d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020

Schedule A (Form 990) 2021

e Excess from 2021

Schedule A (Forn	n 990) 2021	Clean Up	The R	iver E	nvironment	31-1693392	Page <b>8</b>
Part VI	III, line 12; Part IV, B, lines 1 and 2; Pa 3a, and 3b; Part V,	Section A, lines art IV, Section C, line 1; Part V, Se	1, 2, 3b, 3 line 1; Pa ection B,	3c, 4b, 4c art IV, Sed line 1e; P	, 5a, 6, 9a, 9b, 9 ction D, lines 2 a art V, Section D	t II, line 10; Part II, line <b>1</b> 7a or 9c, 11a, 11b, and 11c; Part IV, and 3; Part IV, Section E, lines , lines 5, 6, and 8; and Part V, . (See instructions.)	17b; Part Section 1c, 2a, 2b,
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# Schedule B (Form 990)

#### **Schedule of Contributors**

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-PF.

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

Name of the organization

Employer identification number

River Environment	31-169 3392					
e):						
Section:						
X 501(c)( 3 ) (enter number) organization						
4947(a)(1) nonexempt charitable trust not treated as a private fou	ındation					
527 political organization						
501(c)(3) exempt private foundation						
4947(a)(1) nonexempt charitable trust treated as a private foundat	tion					
501(c)(3) taxable private foundation						
overed by the <b>General Rule</b> or a <b>Special Rule.</b> ), (8), or (10) organization can check boxes for both the General Rule and	l a Special Rule. See					
ing Form 990, 990-EZ, or 990-PF that received, during the year, contributi property) from any one contributor. Complete Parts I and II. See instructio tributions.	ions totaling \$5,000 ons for determining a					
escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> 9 tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990) if from any one contributor, during the year, total contributions of the greate on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Pa	), Part II, line 13, 16a, or er of <b>(1)</b> \$5,000; or					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
	Section:    Section:					

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

Schedule B (Form 990) (2021)

Name of organization

Clean Up The River Environment

Employer identification number 31-1693392

Part I	Contributors (see instructions). Use duplicate copies of Par	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Ty pe of contribution
1	McKnight Foundation 710 2nd St South, Suite 400 Minneapolis MN 55401	\$ 215,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	The Energy Foundation 301 Battery Street 5th Floor San Francisco CA 94111	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Carolyn Foundation 706 Second Ave South Suite 760 Minneapolis MN 55402	\$ 130,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Fresh Energy 408 St Peter Street, Suite 220 St. Paul MN 55102	\$ 40,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Morgan Family Foundation 506 S High St Ste B Yellow Springs OH 45387	\$ 75,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Rural Power Coalition 220 South 27th St. Billings MT 59101	s 18,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer id entification number

CTEG	m ob the grast Flattonment	31	-1693392
Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Ty pe of contribution
7	MN Board of Water and Soil Resources 520 Lafayette Road North St. Paul MN 55155	\$ 25,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
8	Name, address, and ZIP + 4  New Economy Coalition 89 South St. Ste. 406  Boston MA 02111	Total contributions  \$ 23,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
9	Western Organization of Resource Councils Education Project (WORCEP) 220 S. 27th Street, Suite B Billings MT 59101	\$ 30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	U.S. Small Business Administration 409 3rd St SW  Washington DC 20416	\$ 59,060	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
•••••		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name	of the organization			Employe	er identi fication number
<u> </u>	lean Up The River Environment				169 3392
Pa	rt I Organizations Maintaining Donor Advised Full Complete if the organization answered "Yes" on I	nds or Oth Form 990,	ner Similar Funds or Part IV, line 6.	Accoun	ts.
			a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that	the assets he	ld in donor advised	······	
	funds are the organization's property, subject to the organization's exclusion	sive legal con	trol?		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in w	_			
	only for charitable purposes and not for the benefit of the donor or donor	r advisor, or fo	or any other purpose		
	conferring impermissible private benefit?				Yes No
Pa	rt II Conservation Easements.				
	Complete if the organization answered "Yes" on	Form 990,	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check a	all that apply).			
	Preservation of land for public use (for example, recreation or education	ation)	Preservation of a historica	lly importan	t land area
	Protection of natural habitat		Preservation of a certified	historic stru	cture
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conserve	vation contribu	ition in the form of a conse	rvation	
	easement on the last day of the tax year.			= 11.101.	Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2t	
C	Number of conservation easements on a certified historic structure inclu	ided in (a)		20	
d	Number of conservation easements included in (c) acquired after 7/25/0	6, and not on	а		
	historic structure listed in the National Register			20	<u>i                                    </u>
3	Number of conservation easements modified, transferred, released, exti			tion during t	he
	tax year ▶				
4	Number of states where property subject to conservation easement is lo	cated >			
5	Does the organization have a written policy regarding the periodic monit	oring, inspect	ion, handling of		
	violations, and enforcement of the conservation easements it holds?				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of				
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	ations, and en	forcing conservation easen	nents durino	the year
	<b>&gt;</b> \$	,			, mo your
8	Does each conservation easement reported on line 2(d) above satisfy the	ne requiremen	its of section 170(h)(4)(B)(i	)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation easeme				
	balance sheet, and include, if applicable, the text of the footnote to the o		•		<b>)</b>
	organization's accounting for conservation easements.	_			
Pa	rt III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on	Historica	Treasures, or Othe	r Similar	Assets.
12	If the organization elected, as permitted under FASB ASC 958, not to re			o shoot wa	rbs
14	of art, historical treasures, or other similar assets held for public exhibition				1.5
	service, provide in Part XIII the text of the footnote to its financial statem			o public	
b	If the organization elected, as permitted under FASB ASC 958, to report			aget worke	of
~	art, historical treasures, or other similar assets held for public exhibition,				
	provide the following amounts relating to these items:	, coucation, O	TOGGATOR BEHAVIOLATICE O	Public 361V	100,
					▶ €
	200 Access Southed to France AAA (D. CA)				<b>3</b>
2	If the organization received or held works of art, historical treasures, or or		secate for financial dain are		Ψ
_			= :	ovide tile	
_	following amounts required to be reported under FASB ASC 958 relating				▶ ¢
id h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X				<b>P 9</b>
U	A35015 IIIONUUGU III I VIIII 330, FAIL A				<b>₽</b> 3

Sche	dule D (Form 990) 2021 Clean Up	The River	Environment		31-1693392	Page 2
	rt III Organizations Maintainin	g Collections of	Art, Historical Tre	easures, or	Other Similar Ass	
3	Using the organization's acquisition, accessi collection items (check all that apply):					
а	Public exhibition	d 🗌	Loan or exchange prog	ram		
b	Scholarly research	_			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
С	**************************************				,	
4	Provide a description of the organization's co	ollections and explain h	now they further the orga	anization's exe	empt purpose in Part	
	XIII.					
5	During the year, did the organization solicit of	r receive donations of	art, historical treasures	, or other simil	аг	
	assets to be sold to raise funds rather than t	o be maintained as pa	rt of the organization's o	collection?		Yes No
Pa	rt IV Escrow and Custodial Ar					
	Complete if the organization	on answered "Yes"	" on Form 990, Par	rt IV, line 9,	or reported an amou	unt on Form
	990, Part X, line 21.					
1a	Is the organization an agent, trustee, custod					
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the folio	owing table:		-	
					ļ <u>ļ</u>	Amount
C	Beginning balance		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1c	<del></del>
	Additions during the year					
е	Distributions during the year				1e	
f			,		1f	
	Did the organization include an amount on F					
	If "Yes," explain the arrangement in Part XIII	. Check here if the exp	planation has been prov	ided on Part X	(III <u>, , , , , , , , , , , , , , , , , ,</u>	
Pa	art V Endowment Funds.					
	Complete if the organization			1	1	
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d) Three years I	back (e) Four years back
	Beginning of year balance					
	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
	End of year balance					
2	Provide the estimated percentage of the cur	rrent year end balance	(line 1g, column (a)) he	eld as:		
а	Board designated or quasi-endowment					
b	Permanent endowment ► %	6				
С	Term endowment ▶ %					
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.				
3a	Are there endowment funds not in the posse	ession of the organizat	tion that are held and ac	dministered for	r the	<del></del>
	organization by:					Yes No
	(i) Unrelated organizations					
	(ii) Related organizations		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3a(ii)
b	If "Yes" on line 3a(ii), are the related organiz	zations listed as requir	ed on Schedule R?			3b
4	Describe in Part XIII the intended uses of the		wment funds.			
Pi	art VI Land, Buildings, and Eq Complete if the organization		s" on Form 990, Pa	ırt IV, line 1	1a. See Form 990, F	Part X, line 10.
	Description of property	(a) Cost or other		other basis	(c) Accumulated	(d) Book value
		(investmen	t) (oti	her)	depreciation	
1a	Land			,		·
b	Buildings		]	L59,317	8,318	3 150,999
	Leasehold improvements					
	I Equipment	i i		57,650	50,530	7,120
	Other					
	al. Add lines 1a through 1e. (Column (d) must		X, column (B), line 10c	.)	<b>&gt;</b>	158,119

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Sche	edule D (Form 990) 2021 Clean Up The River Environ		-1693392	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial Stat		ue per Return.	
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 12a.		
1 2	Total revenue, gains, and other support per audited financial statements	• • • • • • • • • • • • • • • • • • • •		
a	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
b	The state of the s	2a		
c		2b		
d		2c		
e	Add lines 2a through 2d	L_20_L		
3	Add lines 2a through 2d Subtract line 2e from line 1		2e 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а		4a		
þ		4b		
C	Add lines 4a and 4b		4c	
5		· · · · · · · · · · · · · · · · · · ·	5	
Pa	art XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	***************************************	2a		
b		2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
3	Add lines 2a through 2d			
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:		3	
	Investment expenses not included on Form 990, Part VIII, line 7b	4.	<u> </u>	
u h	Other (Describe in Part VIII.)	4a   4b		
c	Other (Describe in Part XIII.) Add lines 4a and 4h	[ 4D ]	en anna	
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )		4c 5	
Ρa	art XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b; Part \	/, line 4: Part X, line	· · · · · · · · · · · · · · · · · · ·
2; Pa	ert XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	de any additional informatio	on.	
		, , , , , , , , , , , , , , , , , ,		
	······································			
				************

Schedule D (Fo	orm 990) 2021 <b>Suppleme</b> i	Clean	Up	The	River	Environment	31-1693392	Page <b>5</b>
Part XIII	Suppleme	ntal Inform	ation	(conti	nued)			
						. , ,		
								• • • • • • • • • • • • • • • • • • • •
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		• • • • • • • • • • • • • • • • • • • •						
	,							

2021 2021 Somble No. 1545-0047 Open to Public Inspection		A99				(h) Purpose of grant		Environment	Environment								Schedule I (Form 990) (2021)
<u> </u>	Employer identification number 31–1693392		X Yes		ered "Yes" on	(h) Purpo or ass	Support Environment	Support En	Support En							m 0 ▲ ▲	Schedule I (I
	Empl 31		þ		anization answ needed.	(g) Description of noncash assistance				:							
ions, States line 21 or 22.			s or assistance, an		Complete if the organization answered "Yes" on Form 990, additional space is needed.	(f) Method of valuation (book, FMV, appraisa, other)											
e to Organizat in the United n Form 990, Part IV, 990. he latest information			eligibility for the grants		vernments. Com duplicated if additi	(e) Amount of noncash assistance											
Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22  ➤ Attach to Form 990.  ► Go to www.irs.gov/Form990 for the latest information.			istance, the grantees'	in the United States.	Ind Domestic Go	(d) Amount of cash grant	10,000	10,000	10,000							line 1 table	
and Otl lents, al organizatio	ent		rants or ass	grant funds	zations a	(c) IRC section (if applicable)	50103	50103	50103							in the line 1	
Governments Complete if the organ	Environme	Assistance	he amount of the gr nce?	nitoring the use of	mestic Organi received more t	(b) EIN	41-1466054	20-1788275	a 36-3501938							organizations listed	for Form 990.
	Clean Up The River Environment	General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	<b>Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b> Complete if the organizatic Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	(a) Name and address of organization or government	ip Project Street No. 200 MN 55407	ots 5. 213 MN 55057	for Agriculture and Trad Avenue South MN 55404							Enter total number of section 501(c)(3) and government organizations listed in the Enter total number of other organizations listed in the line 1 table	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SCHEDULE (Form 990)  Department of the Treasury Internal Revenue Service		Part I General Ir	1 Does the organization the selection criteria us	2 Describe in Part IV the	Part II Grants an	1 (a) Name and ad or go	(1) Land Stewardship Project 821 East 35th Street No. Minneapolis	(2) Sharing Our Roots 105 4th St E No. 213 Northfield	(3) Institute for Agricultu 2105 First Avenue South Minneapolis MN	(4)	(5)	(9)	(7)	(8)	(6)	2 Enter total number of se 3 Enter total number of of	For Paperwork Reduction A

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#### SCHEDULE O (Form 990)

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

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

OMB No. 1545-0047

Open to Public Inspection

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

Clean Up The River Environment

31-1693392

Employer identification number

Form 990 - Organization's Mission

Clean Up the River Environment (CURE) is a rural, nonprofit organization made up of people who care about the well-being of their neighbors, the health of the land and water, and the legacy we leave for future generations.

CURE is an organization long rooted in the movement for rural social justice. Widely known as a community-based, grassroots leader, CURE shares what it knows and draws on the expertise of others through regional and nation-wide network collaborations.

CURE works in the areas of climate, energy, rural democracy, water, and connecting people with nature with a focus on civic engagement flowing through all projects.

Form 990, Part III, Line 4a - First Accomplishment

CURE hosts, organizes, and attends numerous meetings and activities during the year to accomplish its missions in the areas of climate, energy, rural democracy, & clean water.

CURE has organized rural electric co-op members to change the co-ops priorities, grow transparency in governance, build grassroots power, and fight against the reliance on dirty electricity from coal and instead transitioning to renewable energy sources.

CURE's Energy Democracy Program is helping deliver clean electricity, energy efficiency, climate justice, and economic justice to rural communities and positive climate and energy impacts to all Minnesotans.

CURE hosts the annual Minnesota Master Naturalist Prairies & Potholes Biome

Name of the organization Employer iden tification number Clean Up The River Environment 31-169 3392

Training at Lac Qui Parle State Park.

Form 990, Part VI, Line 7a - Election of Members and Their Rights Membership is open to all persons who pay annual membership dues.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Board of Directors reviews the 990 at the board meeting after the 990 has been filed.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy An annual conflicts of interest disclosure statement is to be filled out by employees and board members. The board or a duly constituted committee shall determine whether a conflict exists and in the case of an existing conflict, whether the contemplated transaction may be authorized as just, fair, and reasonable to CURE.

Form 990, Part VI, Line 15a - Compensation Process for Top Official The Executive Director will have a performance evaluation done by the Full Board of Directors as listed as an agenda item at the October or November meeting. This will determine the Executive Director's salary for the coming year. That salary will be reviewed in comparison to the rest of the state as listed on the MN Nonprofit Salary and Benefits Survey for the prior year available in November of each year. The Executive Director should provide a written narrative of the past year's accomplishments for use of the board at the performance review.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Page 1 of 2

Form 4562

#### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2021

Identifying number

chment uence No. 17

Clean Up The River Environment 31-169 3392 Business or activity to which this form relates Indirect Depreciation Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 1,050,000 Total cost of section 179 property placed in service (see instructions) 2 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,620,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ...... 12 12 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 13 **▶** | 13 Note: Don't use Part II or Part III below for listed property, instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2021 17 17 3,534 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (a) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property C 7-year property ď 10-year property 15-year property 20-year property 25-year property 25 yrs. S/I h Residential rental MM S/L 27.5 yrs. property MM 27.5 yrs. S/L 39 yrs. Nonresidential real MM S/L property MM S/L Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System 20a Class life 1,969 5.0 MO S/L b 12-year 12 yrs. S/L 30-year C 30 yrs. MM S/L 07/01/21 40-year 76,975 40 yrs. MM S/L 882 Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 4,465 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Year Ended: December 31, 2021

31-16933 92

Clean Up The River Environment 117 South First St Montevideo, MN 56265

# Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe har-bor election to all qualifying property placed in service during the tax year.

210138 Clean Up The River Environment	ver Envi	гоптеп	4		Asset Detail	otail - Tax	<b>&gt;</b>			10/2	10/28/2022 1	1:06 PM	<b></b>
FYE: 12/31/2021				•		i	<u>&lt;</u>					∟age -	<del></del>
Asset Property Description	Date In Service	Tax Method	Tax Convention	Tax Period	d Tax t Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Bus Pct	I
Activity: Form 990, Page 1													
34 Rock for Bank Parking Area	60/05/6	S/L	Half year	20.0000	385	5 0	0	221	20	241	144	100.00	
Group 15 - Land Improveme					385	5 0	0	221	20	241	144		
	12/01/08	S/L Memo	Mid-mth 	39.0000	11,10		00	3,429	284	3,713	7,392	100.00	
	2/23/09	S/L S/L	Mid-mth Mid-mth	40.0000	4,35 4.45		00	1,291	109	1,400	2,950	100.00	
50 CURE Bldg. Upgrade Electrical 77 4 New Windows	1/04/12	SVE	Mid-mth Mid-mth	39.0	1,28		00	287	32	319	961	100.00	
<ul><li>79 Second Floor Bathroom Remodel</li><li>80 Building Renovation</li></ul>	12/15/20	S/L S/L	Mid-mth Mid-mth	40.0000	9,773		000	0100	245 882	255 882	2,00,2 9,518 76,093	100.00	
Group 20 - Buildings					158,932		0	6,340	1,737	8,077	150,855		
14 Credit Card Machine	1/11/06	S/L	Halfvear	10.0	31.	0	· C	318	0	318		100 00	
15 Canoe	5/19/06		Half year	10.0	,		00	50	00	50		100.00	
	3/31/06	S/L	Half year Half year	10.0 5.0	276		00	276 276	00	561 276	00	100.00	
20 Smartboard & ProServer	12/15/08	S/L	Mid-qtr Mid-qtr	10.0000	4,11,	0 0	00	4,117	00	4,117		100.00	
	12/15/08	SÆ	Mid-qu	10.0000	79.67		0	799 799	0	799	00	100.00	
23 Canoe/Kayak Trailer 26 Phone System	2/05/08	S/L	Mid-qtr Half vear	10,0000	1,092	00	00	1,092	00	1,092	00	100.00	
	1/12/09	3/S	Half year	10.000	77		0	775	0	775	0	100.00	
	1/12/09	75	Half year Half vear	10.000	595		00	595 1 200	00	595	00	100.00	
	1/12/09	SZ	Half year	10.0000	2.7 1.7		0	190	0	061	<b>\$</b>	100.00	
32 Camera 33 Magnetic Car Signs	7/11/09	7.5 7.5	Half year Half year	10.0000	200		00	205	00	205	00	100.00	
	6/24/09	S/L	Half year	10.0000	0		0	001	0	100	0	100.00	
<ul><li>37 Office Equipment</li><li>39 Old Town 9'6" Kavak</li></ul>	7/13/09	ZV.	Half year Half year	10.0000	900	00	00	900	00	900	00	100.00	
	01/11/6	SVL	Half year	10.0000	(S)		0	2005	0	200	0	100:00	
41 Cannon Camera 42 Waterproof Camera	2/10/10	S/L S/L	Half year Half year	2,0000	2.14		00	213 410	00	213 410	00	100.00	
	6/08/11	SV	Half year	10.0000	1,29		00	1,230	, S	1,295	0	100.00	
45 Canoe 46 Kayak	8/12/11	S/L	Half year Half year	10.0000	550		00	713 523	37 27	750 550	00	100:00	
	8/12/11	S/L	Half year	10.0000	55(		00	523	27	550	Φ.	100.00	
51 2 Apple Laptops 52 Epson Projector	3/12/12	S/L	Half year Half vear	00000	3,596		<b>-</b>	3,596	0 \$2	3,3%6	o 4	190.00	
	7/10/12	S/L	Half year	10.0000	1,690		.0:	1,437	169	1,606	84	100.00	
54 Speaker System	7/20/12	Z/S	Half year	10.0000	1,300		00	1,105	130	1,235	65	00.00	
-	12/13/12	ST	Monthly	3.00	111		0	111	0	111	00	100:00	
	3/13/12	S/L	Half year	10.0000	140		0	119	4,	133	r ·	100.00	
58 Computer Equipment 59 Stove/Fridge for Unstatirs	4/15/13	7/5	Half year Half vear	5.0000 10.000	4,921 850		00	4,921	) )	4,921	) ;	190.00	
	4/11/13	S/L	Half year	5.0000	966,1		00	1.996	0	1.996	(7)	100.00	
61 8 - 6ft Tables 62 Video Camera	6/01/13	SYL	Half year	10.000	320		0	240	32	272	48	100.00	
	6/01/13	S/L	nan year Half year	10.0000	682 1,708		00	1281	171	580	102	100.00	
64 2 Window A/C's	7/13/13	S/L	Half year	10.0000	380		· O í	285	38	323	57	100.00	
	10/11/13	S/L	нап уеаг	10.0000	\$70,1		0	808	108	914	191	100.00	

	T				
1:06 PM Page 2	Bus Pct	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00		
10/28/2022 1	Tax Net Book Value	266 246 240 0 0 0 0 190 197 197 197	7,120	158,119	138,119
10/	Tax End Depr	2,168 600 1,506 1,269 1,269 1,269 1,269 352 352 2,321	50,530	28,848	38,648
	Tax Current Depreciation	0 160 160 0 0 63 84 85 1,092	2,708	4,403	4,400
	Tax Prior Depreciation	2,168 600 1,329 1,200 1,269 1,269 1,269 1,393 343 343 343 1,298	47,822	54,363	74,303
×	Tax Bonus Amt	0000000000	0		
ail - Tax	Tax Sec 179 Exp	00000000000	0		
Asset Detail -	Tax Cost	2,168 600 1,772 1,600 1,269 1,993 624 624 624 542 542 546 1,969	57,650	216,967	410,701
As	च⊷l			" '	"
	Tax Period	5.0000 10.0000 10.0000 5.0000 5.0000 5.0000 10.0000 5.0000 5.0000 5.0000 5.0000	Page 1	Grand Total	
<b></b>	Tax Convention	Half year Half year Half year Half year Half year Half year Half year Half year Half year Mid-qtr	9	Grand	
onmer	Tax Method	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%			
ır Envir	Date In Service	11/13/13 5/10/13 5/30/13 5/29/13 5/13/15 11/13/15 6/19/15 4/16/15 10/16/19			
210138 Clean Up The River Environment FYE: 12/31/2021	Asset Property Description Activity: Form 990, Page 1 (continued)	66 IMAC Comp & Software 67 Whiteboard 68 Furnishings Upstairs 69 Langford Prospector Canoe 70 HP Direct - Laptop Computer 71 Hello Direct Conference Call Equip 73 Bycespeed X50/Monitor 74 Preditor C160 Canoe 75 Canden 106 Kayak 76 Dirigo 140 Kayak 77 Computer Upgrades 81 Apple Computer (Anne)	Group 40 - Equipment		

Form 990/990PF

#### Rent Income and Deduction Worksheet

Use this summary worksheet to verify data entered for a specific activity for your rental information

Description Apartment

2021

Name

Clean Up The River Environment

Taxpayer Identification Number 31-1 693392

1. Gross rents 5,100 .......... Expenses (see details on worksheets below): 2. Fees for services 2, 3. Depreciation Expense \_\_\_\_\_ 4. Direct Expense 5. Total expenses. Add lines 8 through 12 5. 6. Net Income/Loss. Line 7 minus Line 13 6. Expense Details - Fees for Services: Accounting ..... Commissions Management Other Professional Fees Total Fees for Services Expense Details - Depreciation Expense: On non-investment property On investment property Amortization Depletion ..... Total Depreciation Expense Expense Details - Direct Expense: Interest Taxes/licenses Occupancy Expenses Repairs & Maintenance ..... Travel/conferences/meetings Advertising ..... Insurance ..... Utilities Supplies Other expenses

Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq #	
Part IV, Rent Income Part V, Debt Financing Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17)	Expense Allocation to Program Service Accomplishments for 990/990E  First  Second  Third  All other

.....

Total Direct Expense

31-1693392

## **Federal Statements**

#### **Taxable Interest on Investments**

Description

	Amount	Exclusion Code	Acquired after 6/30/75	US Obs (\$ or %)
Interest			 · · · · · · · · · · · · · · · · · · ·	
	\$ 2,162	14		
Total	 \$ 2.162			

Mail To:

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

#### Website Address:

www.ag.state.mn.us/charity

#### **STATE OF MINNESOTA**

## CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

C2

SECTION A: Organization Information			
Legal Name of Organization Clean Up The River	Environment		
Federal EIN: 31-1693392	Fiscal Year-End: 12/31/2021 mm/dd/yyyy  Did the organization's fiscal year-end change? Yes X No		
Mailing Address:	Physical Address:		
Maureen Laughlin	Filysical Address.		
Contact Person	Contact Person		
117 South First St Street Address	117 South 1st Street Street Address		
Montevideo MN 56265	_Montevideo MN 56265		
City, State, and Zip Code	City, State, and Zip Code		
320-760-0089			
Phone Number	Phone Number		
maureen@cureriver.org			
Email Address	Email Address		
Organization's website:www.cureriver.org			
2. List all of the organization's alternate and former names (attach list if more space is needed).  ———————————————————————————————————			
List all names under which the organization solicits contributions (attach list if more space is needed).      CURE      Clean Up The River Environment			
4. Is the organization incorporated pursuant to Minn. Stat. ch. 3	317A? <b>X</b> Yes No		
5. Total amount of contributions the organization received from	Minnesota donors: \$ 443,081		
6. Has the organization's tax-exempt status with the IRS chang  Yes X No If yes, attach explanation.			
7. Has the organization significantly changed its purpose(s) or  Yes X No If yes, attach explanation.	program(s)?		

## CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

		44					
8.	Has the organization been denied the right to solicit contributions by any court or government agency?  Yes X No If yes, attach explanation.						
9.	Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes X No						
	If yes, provide the following information for each (attac	h list if more space is needed):					
	Name of Professional Fundraiser	Compensation					
	Street Address	City, State, and Zip Co	de				
10.	Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit?  Note: An organization that has total revenue of more t accordance with generally accepted accounting princip donated food to a nonprofit food shelf may be exclude subsequent distribution at no charge and is not resold.	oles by an independent CPA or LF d from the total revenue if the foo	PA. The value of				
11.	Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes X No						
	If yes, provide the following information for the five high	hest paid individuals:					
	Name and title	Compensation*	Other compensation				

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

## CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

#### **SECTION B: Financial Information**

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

INCOME	
1. Contributions Received	\$ 1
2. Government Grants	2
3. Program Service Revenue	3
4. Other Revenue	4
5. TOTAL INCOME	\$
EXPENSES	
6. Program Expenses	\$ 6
7. Management & General Expenses	7
8. Fund-raising Expenses	8
9. TOTAL EXPENSES	9
10. EXCESS or DEFICIT (Line 5 minus Line 9)	\$
ASSETS	
11. Cash	\$ 11
12. Land, Buildings & Equipment	12
13. Other Assets	13
14. TOTAL ASSETS	<u> </u>
LIABILITIES	
15. Accounts Payable	\$ 15
16. Grants Payable	\$ 16
17. Other Liabilities	17
18. TOTAL LIABILITIES	\$
FUND BALANCE/NET WORTH (Line 14 minus Line 18)	\$ 0

## CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

#### Section B (continued): Statement of Functional Expenses

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

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

Clean Up The River Environment

31-1693392

C2

## CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

#### Section C: Board of Directors Signatures and Acknowledgment

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

We, t	he undersigned, st	ate and acknowledge that we are duly con	stituted officers of this organization,
being the	Treasurer	(Title) and	(Title) respectively, and that
we execut	e this document on	behalf of the organization pursuant to the	resolution of the
Board	of Director	(Board of Directors, Trustees, or I	Managing Group) adopted on the
day of	, 2	0 <u>22</u> , approving the contents of the docu	ment, and do hereby certify that the
Board	of Director	(Board of Directors, Trustees or N	Managing Group) has assumed, and
will continu	ue to assume, resp	onsibility for determining matters of policy,	and have supervised, and will continue
to supervis	se, the operations a	and finances of the organization. We furthe	er state that the information supplied is
true, corre	ct and complete to	the best of our knowledge.	
Peter	Kennedy		
Name (Pr	rint)	Name	(Print)
Signature	)	Signa	ture
Treas	urer		
Title		Title	
Date		Date	

# Office of the Minnesota Secretary of State Minnesota Nonprofit Corporation | Annual Renewal Minnesota Statutes, Section 5.34

Must be filed by December 31

Read the instructions before completing this form.



1. File Number: 1H-500	2. Governed Under the La	ws of the State of:	MINNE	SOTA
3. Corporate Name: (Required)	Clean Up the River Environment			
4. Registered Office and Agent				
Registered Office Address: (Req	uired)			
117 South 1st Street		Montevideo	MN	56265
Street Address (A PO Box by itself	lf is not acceptable)	City	State	Zip
Registered Agent: (if applicable)  Duane E Ninneman				
5. Name and business address of	the Corporate President: (Required)			
Rhyan Schicker	•			
Name				
117 S 1st Street		Montevideo	MN	56265
Street Address		City	State	Zip Code
Email Address for Official Noti Enter an email address to which the notices:	ces he Secretary of State can forward official	notices required b	y law and	other
maureen@cureriver.org				
Check here to have your email Minnesota law.	il address excluded from requests for bulk	c data, to the exter	nt allowed I	by
List a name and daytime phone	number of a person who can be contac	ted about this fo	rm:	
Maureen Laughlin	320-760-0089			
Contact Name	Phone Number		-	
Entities that own, lease, or have must register with the MN Dept	any financial interest in agricultural la t. of Agriculture's Corporate Farm Pro	and or land capa gram.	ble of bein	g farmed
Does this entity own, lease, or have No No	ve any financial interest in agricultural lan	nd or land capable	of being fa	armed?
	rm by December 31 of this year will restice from the Secretary of State, pursua			

#### **Business Record Details »**

Minnesota Business Name

#### Clean Up the River Environment

**Business Type** 

Nonprofit Corporation (Domestic)

MN Statute

317A

File Number

1H-500

**Home Jurisdiction** 

Minnesota

Filing Date

04/30/1992

Status

Active / In Good Standing

**Renewal Due Date** 

12/31/2023

**Registered Office Address** 

117 South 1st Street

Montevideo, MN 56265-5502

**USA** 

Registered Agent(s)

Duane E Ninneman

President

Rhyan Schicker 117 S 1st Street

Montevideo, MN 56265

USA

#### **Renewal History**

### **Renewal History**

Filing Date	Filing
06/09/1993	Annual Renewal - Nonprofit Corporation (Domestic)
10/31/1994	Annual Renewal - Nonprofit Corporation (Domestic)
09/29/1995	Annual Renewal - Nonprofit Corporation (Domestic)
01/08/1997	Annual Renewal - Nonprofit Corporation (Domestic)
11/06/1997	Annual Renewal - Nonprofit Corporation (Domestic)

	Filing Date	Filing
	08/04/1998	Annual Renewal - Nonprofit Corporation (Domestic)
	12/03/1999	Annual Renewal - Nonprofit Corporation (Domestic)
	08/07/2000	Annual Renewal - Nonprofit Corporation (Domestic)
	09/26/2001	Annual Renewal - Nonprofit Corporation (Domestic)
	04/01/2003	Annual Renewal - Nonprofit Corporation (Domestic)
	01/01/2004	Nonprofit Corporation (Domestic) Annual Renewal Deferred
	06/11/2008	Annual Reinstatement - Nonprofit Corporation (Domestic)
	11/25/2009	Annual Renewal - Nonprofit Corporation (Domestic)
	04/30/2010	Annual Renewal - Nonprofit Corporation (Domestic)
	4/17/2013	Annual Reinstatement - Nonprofit Corporation (Domestic)
	10/28/2015	Annual Reinstatement - Nonprofit Corporation (Domestic)
	10/7/2016	Annual Renewal - Nonprofit Corporation (Domestic)
	11/15/2017	Annual Renewal - Nonprofit Corporation (Domestic)
	10/1/2018	Annual Renewal - Nonprofit Corporation (Domestic)
	10/4/2019	Annual Renewal - Nonprofit Corporation (Domestic)
	10/1/2020	Annual Renewal - Nonprofit Corporation (Domestic)
	10/6/2021	Annual Renewal - Nonprofit Corporation (Domestic)
Ü	9/13/2022	Annual Renewal - Nonprofit Corporation (Domestic)