(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file incom	ne tax retur	ns.			
Part I - Ic	lentification					
Type or	Name of exempt organization, employer, or other file	r, see instru	uctions.	Taxpayer identification number (TIN)		
Print						
Elle hardha	CLEAN UP THE RIVER ENVIRONM	MENT			31-169	3392
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	see instruct	ions.			
filing your return. See	117 SOUTH FIRST ST					
instructions.	City, town or post office, state, and ZIP code. For a fe	oreign addı	ress, see instructions.			
	MONTEVIDEO, MN 56265					
Enter the	Return Code for the return that this application is for (fil	e a separat	te application for each return)			
Applicati	on Is For	Return	Application Is For			Return
		Code				Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 472	0 (individual)	03	Form 5227			10
Form 990	PF	04	Form 6069			11
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
Form 990	-T (trust other than above)	06	Form 5330 (individual)			13
Form 990	-T (corporation)	07	Form 5330 (other than individual)			14
Form 104	1-A	08				
 After yo 	ou enter your Return Code, complete either Part II or Par	rt III. Part II	I, including signature, is applicable o	only for an	extension of	
time to file	e Form 5330.			-		
 If this a 	pplication is for an extension of time to file Form 5330, y	you must e	nter the following information.			
Pla	n Name		-			
	n Number					
Pla	n Year Ending (MM/DD/YYYY)					
Part II - Au	utomatic Extension of Time To File for Exempt Organ	nizations (s	see instructions)			
The bo	ooks are in the care of MAUREEN LAUGHLIN					
	117 S 1ST ST - MO	ONTEVI	DEO, MN 56265			
Teleph	one No. (320)269-2984		Fax No			
• If the c	organization does not have an office or place of busines	s in the Uni				
	s for a Group Return, enter the organization's four-digit					
box[If it is for part of the group, check this box					
1 Ire	quest an automatic 6-month extension of time until $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	OVEMBI	ER 15 , 20 24 , to file	e the exem	pt organizatio	n return for
the	organization named above. The extension is for the org	anization's	return for:			
Х	calendar year 20 23 or					
	tax year beginning	, 20	, and ending			, 20
2 lfth	ne tax year entered in line 1 is for less than 12 months, o	heck reasc	on: Initial return	Final retur	n	
	Change in accounting period					
3a lfth	his application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter the	tentative tax, less			
	nonrefundable credits. See instructions.			3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter anv	refundable credits and			
	mated tax payments made. Include any prior year over			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa					
	ng EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Department of the Treasury

** PUBLIC DISCLOSURE COPY ** 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. Go to www.irs.gov/Form990 for instructions and the latest information

OMB No. 1545-0047 23 **Open to Public**

-	iai Revenue			mopeouon
AF	or the 2	2023 calendar year, or tax year beginning and ending		
В с а	heck if pplicable:	C Name of organization	D Employer identified	cation number
	Address change	CLEAN UP THE RIVER ENVIRONMENT		
	Name change	Doing business as	31-16933	92
	Initial return	Number and street (or P.0. box if mail is not delivered to street address) Room/sui		
	Final return/	117 SOUTH FIRST ST	(320)269	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,862,182.
	Amendeo	MONIEVIDEO, MN 50205	H(a) Is this a group re	
	Applica- tion pending	F Name and address of principal officer: JIM FALK		? Yes X No
		1170 HWY 9 NE, MURDOCK, MN 56271	H(b) Are all subordinates in	
_				list. See instructions
	Vebsite		H(c) Group exemption	
		rganization: X Corporation Trust Association Other L Ye	ar of formation: 1992 N	State of legal domicile: MN
Га		riefly describe the organization's mission or most significant activities: <u>CURE PROT</u>		
e		ESILIENT TOWNS AND LANDSCAPES BY HARNESSING		
Governance	-	heck this box if the organization discontinued its operations or disposed of mo		
/err				7
Go		umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b)		7
Š		otal number of individuals employed in calendar year 2023 (Part V, line 2a)		12
ties		otal number of volunteers (estimate if necessary)		7
Activities &				0.
Ac		otal unrelated business revenue from Part VIII, column (C), line 12		0.
			Prior Year	Current Year
	8 C	ontributions and grants (Part VIII, line 1h)	1,276,514.	1,823,460.
anı			0.	19,000.
Revenue		vestment income (Part VIII, line 2g)	2,957.	10,241.
Re		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,942.	5,465.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,287,413.	1,858,166.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	12,992.	98,386.
		enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	45 0	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	608,356.	901,505.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ben	ь то	otal fundraising expenses (Part IX, column (D), line 25) 64,038.		
Ĕ	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	110,396.	290,049.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	731,744.	1,289,940.
		evenue less expenses. Subtract line 18 from line 12	555,669.	568,226.
or			Beginning of Current Year	End of Year
sets lanc	20 T	otal assets (Part X, line 16)	1,430,717.	2,033,588.
Ass ABa	21 T		46,722.	81,367.
Net Assets or Fund Balances	22 N	et assets or fund balances. Subtract line 21 from line 20	1,383,995.	1,952,221.
	nrt II	Signature Block		
Unde	er penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and state	ments, and to the best of my	knowledge and belief, it is
true,	correct,	and ^S ម៉េពាព្រំម៉ៃ¥e. Declaration of preparer (other than officer) is based on all information of which prepar	er has any knowledge.	
		him Falk		
Sigr	n [Signature of officer 454	Date	
Here	-	IM FALK, TREASURER		
	11	Type or print name and title		

	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date Check PTIN			
Paid	KRISTIN L SCHMIDT, CPA	KRISTIN L SCHMIDT,	C 11/15/24 self-employed P01487323			
Preparer	Firm's name CLIFTONLARSONALLE	N LLP	Firm's EIN 41-0746749			
Use Only	Firm's address 4150 2ND STREET S	OUTH, SUITE 400				
	ST. CLOUD, MN 563	01	Phone no. 320 - 203 - 5500			
May the IRS discuss this return with the preparer shown above? See instructions						
LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2023)

Form	1990 (2023) CLEAN UP THE RIVER ENVIRONMENT	31-1693392	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Χ
1	Briefly describe the organization's mission:		
	CURE PROTECTS AND RESTORES RESILIENT COMMUNITIES AND LAN		
		DO THIS BECAU	SE
	WE BELIEVE THAT ROBUST HUMAN COMMUNITIES CAN ONLY BE SU		
	HEALTHY ECOSYSTEMS, AND ROBUST NATURAL ENVIRONMENTS CAN	ONLY BE	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
-	If "Yes," describe these new services on Schedule O.		v .
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as $2 \cos^2 (1 + 2)$	• •	a al
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth revenue, if any, for each program service reported.	ers, the total expenses, al	iu
49	(Code:) (Expenses \$716,445including grants of \$98,386) (Reve	34 .	706.)
ти	CURE'S ENERGY DEMOCRACY PROGRAM IS UNIQUELY FOCUSED ON S		<u>, , , , , , , , , , , , , , , , , , , </u>
	IMPACT CLIMATE, ENERGY, AND ENVIRONMENTAL JUSTICE DECIS		G
	RURAL RESIDENTS. ENERGY DEMOCRACY IS ABOUT BUILDING POW		
	LINKAGES BETWEEN ENVIRONMENTAL CHALLENGES, INEQUITIES, A		
	SYSTEMIC CHALLENGES FACING OUR COMMUNITIES.		
	YOU CANNOT TALK ABOUT ENERGY DEMOCRACY IN RURAL COMMUNIT	TIES WITHOUT	
	TALKING ABOUT RURAL ELECTRIC CO-OPS. ONE IN THREE MINNES	SOTANS GETS	
	THEIR ELECTRICITY FROM A RURAL ELECTRIC CO-OP (REC). REC		
	DEMOCRATICALLY OWNED AND OPERATED UTILITIES THAT WERE CH		
	THE NEW DEAL TO ELECTRIFY RURAL AMERICA. HOWEVER, THE O		
	MINNESOTA'S RECS TODAY LACK TRANSPARENCY AND GOOD GOVERI		
		N SERVICE TO	
4b	(), (), (<u>0.</u>)
	CURE'S RURAL DEMOCRACY PROGRAM EMBRACES DEMOCRACY-DRIVER RURAL ISSUES AND ENVIRONMENTAL JUSTICE. WE WORK WITH PEO		0
	MINNESOTA TO BUILD POWER TO CREATE A MORE SUSTAINABLE FU		
	VIBRANT COMMUNITIES THAT BENEFIT ALL WHO LIVE HERE.	JIONE AND	
	THE RURAL DEMOCRACY PROJECT IS HELPING PEOPLE IN RURAL (COMMUNITIES	
	BUILD INDEPENDENT POLITICAL POWER WITH A SPECIAL FOCUS (
	POLITICS. STARTING AT THE LOCAL LEVEL IS WHERE REAL CHAN		
	ROOT; THIS WILL SET A PRECEDENT FOR THE STATE AND NATION	N. PASSIONATE	
	GROUPS OF PEOPLE MEETING IN CAFES, LIVING ROOMS, AND CHU		
	MINNESOTA ARE WHERE CHANGE IS CULTIVATED. THIS IS THE NU		
	DEMOCRACY.		
40	(Code:) (Expenses \$ including grants of \$) (Rev	anue \$	<u>،</u>
		···· *	/

4d	Other program services (Describe on	Schedule O.)					
	(Expenses \$	including grants of \$) (Revenue \$)	
4e	Total program service expenses	984,256.					
						Form	990 (2023)
33200	2 12-21-23	SEE SCHEDULE	O FOR	CONTINUATION	(S)		()
		3			. ,		
	15 131930 010//35	2023	05000			FNUTDO	D10113

Form 990 (20					RIVER	ENVIRONMENT
Part IV	Checklist of F					

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
-	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," complete			v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,	11a	х	
h	Part VI		- 23	
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
332003	12-21-23	Form	990	(2023)

332003 12-21-23

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Form	990	(2023)
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	checkiet of hequiled constance (continuea)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	-21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
0 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5%		
26	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
332004	12-21-23	Form	990	(2023)
	5			

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Form	990 (2023) CLEAN UP THE RIVER ENVIRONMENT		31-1693	392	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					0
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		[
	filed for the calendar year ending with or within the year covered by this return	2a	12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
				3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?		4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (F	BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?	-		6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provid	led to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required	1			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the				
	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
а	a 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?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	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:					
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		44-		X
14a				14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu to the approximation of the payment (a) of more than \$1,000,000 in remune			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			15		x
	excess parachute payment(s) during the year?			15		21
16	If "Yes," see the instructions and file Form 4720, Schedule N.	tincomo		16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.			10		~>
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitiee				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			17		
332005	12-21-23			Form	990	(2023)
						()

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Form 990 (2023)

CLEAN UP THE RIVER ENVIRONMENT

31-1693392 Page 6

X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7		
	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	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				
-	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				
	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 9				X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				X
6	Did the organization have members or stockholders?			Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap		····· -		
	more members of the governing body?	-	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				
N	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				
a	The governing body?		8a	х	
	Each committee with authority to act on behalf of the governing body?				x
			uo		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)		1	
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	• • •			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots		<u>10b</u>	-	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the for	m? 11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	-	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe			
	on Schedule O how this was done	, ,	12c	Х	
13	Did the organization have a written whistleblower policy?			Х	
14	Did the organization have a written document retention and destruction policy?			Х	
15	Did the process for determining compensation of the following persons include a review and approva				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	ent with a			
.54			16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
			166		
Sac	exempt status with respect to such arrangements?		16b		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	10 990-1 (section 50"	(c)(3)s only	avalla	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest polic	cy, and finar	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records			
	MAUREEN LAUGHLIN - (320)269-2984				
	117 S 1ST ST, MONTEVIDEO, MN 56265				
				n 990	1000

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List all of the organization's current key employees, if any. See the instructions for deminition of key employees.

• 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more that			than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		officer and		irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		98	suadi		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization
	organizations below	ual tr	tional		yolqr	t con /ee	~	1099-INEC)		and related organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DUANE NINNEMAN	40.00	_	_	-			-			
EXECUTIVE DIRECTOR				X				89,400.	0.	14,978.
(2) RHYAN SCHICKER	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(3) SEAN CARROLL	1.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(4) PETE KENNEDY	1.00									
TREASURER		Х		X				0.	0.	0.
(5) MARGARET KUCHENREUTHER	1.00									_
DIRECTOR		Х						0.	0.	0.
(6) JIM FALK	1.00									
DIRECTOR		Х						0.	0.	0.
(7) KATHY HARTLEY	1.00									•
DIRECTOR	1	Х						0.	0.	0.
(8) BRIAN WOJTALEWICZ	1.00									•
SECRETARY		Х		X				0.	0.	0.
000007 40 04 00										Earm 990 (2022)

332007 12-21-23

Form 990 (2023)

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	990 (2023) CLEAN UP									31-16	5933	392	Page 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploye	ees, a	and	Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	box,	F not ch unless cer and	eck n s pers	tion nore t son is	than o s both	an	(D) Reportable compensation	(E) Reportable compensatio	n	Est am	(F) imated ount of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	<ey em="" ployee<="" td=""><td>Highest compensated employee</td><td>Former</td><td>from the organization (W-2/1099-MISC/ 1099-NEC)</td><td>from related organizations (W-2/1099-MIS 1099-NEC)</td><td>s</td><td>comp fro orga and</td><td>other pensation om the nization related nizations</td></ey>	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	s	comp fro orga and	other pensation om the nization related nizations
						-							
	Subtotal								89,400.		0.	14	,978.
с	Total from continuation sheets to Part VI	, Section A							0.		0.		0. ,978.
2	Total (add lines 1b and 1c)								· · ·	000 of reportable	-		
	compensation from the organization												(Yes No
3	Did the organization list any former officer,											•	x
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su											3	
F	and related organizations greater than \$150											4	X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>									iual for services		5	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest con the organization. Report compensation for t										pensat	ion fror	n
	(A) (B) Description of services									C	(C) Compensation		
	Teleformelien after teleformelien after		:	- 11 - 1	<u> </u>	L.							
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	nited	τo t	nos 0	e list)	ed	above) who received mo	ore than			

Form **990** (2023)

332008 12-21-23

Form	ו 99	0 (2	2023) CLE	EAN	UP TH	E	RIVER EN	VIRONMENT		31-1693	392 Page 9
Pa				ven	ue						
			Check if Schedule O	conta	ains a respoi	nse	or note to any lir	e in this Part VIII			
					·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	ributi grant I abov lines 1	1b 1c 1d pons) 1e s, and 1f re 1f a-1f 1g PATION	/	823,460. 3,669. Business Code 900099	1,823,460.	19,000.		
Prog	e f All other program service revenue g Total. Add lines 2a-2f							19,000.			
	3		Investment income (inclue	ding	dividends, ir	itere	st, and	9,250.	9,250.		
	5		Royalties			(ii) Personal					
	6		Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c	8,02 3,80 2,22	7.		-			
		d	Net rental income or (loss					2,220.	2,220.		
	7	а	Gross amount from sales of assets other than inventory Less: cost or other basis	7a	(i) Securiti	es	(ii) Other 1,200.				
Revenue			and sales expenses Gain or (loss) Net gain or (loss)	7b 7c			209. 991.	991.	991.		
Other R	8	а	Gross income from fundraisi including \$ contributions reported on Part IV, line 18 Less: direct expenses	ng ev line	ents (not of 1c). See	8a 8b		-			
	9		Net income or (loss) from Gross income from gamin Part IV, line 19	ng ac	tivities. See	9a					
			Less: direct expenses			9b					
	10		Net income or (loss) from Gross sales of inventory,	less i	returns						
			and allowances Less: cost of goods sold			10a 10b	1				
		С	Net income or (loss) from	sales	s of inventor	у	Ducino condo				
Miscellaneous Revenue	11	a b	MISCELLANEOUS				Business Code 900099	3,245.	3,245.		
Sev		с									
Mis			All other revenue					2 045			
			Total. Add lines 11a-11d					3,245.	21 706	0	0
	12		Total revenue. See instruction	ons				1,858,166.	34,706.	0.	0.

332009 12-21-23

10

31-1693392 Page 9

CLEAN UP THE RIVER ENVIRONMENT Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	76,386.	76,386.		
	Grants and other assistance to domestic		00.000		
	individuals. See Part IV, line 22	22,000.	22,000.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	104,378.	104,378.		
	trustees, and key employees	104,570.	101,570.		
	persons (as defined under section 4958(f)(1)) and				
	$1 \rightarrow 1 \rightarrow$				
	Other salaries and wages	604,111.	437,354.	123,350.	43,407
	Pension plan accruals and contributions (include	••••		,	
	section 401(k) and 403(b) employer contributions	54,225.	38,070.	11,973.	4,182
	Other employee benefits	84,302.	56,008.	24,025.	<u>4,182</u> 4,269
	Payroll taxes	54,489.	41,473.	9,638.	3,378
	Fees for services (nonemployees):		, - <u>-</u>		
	Management				
	Legal	668.	668.		
	Accounting	7,278.		7,278.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	122,796.	95,692.	27,104.	
2	Advertising and promotion	733.	533.	200.	
3	Office expenses	19,675.	13,548.	5,046.	1,081
4	Information technology	13,072.	10,548.	1,893.	631
5	Royalties				
6	Occupancy	7,394.		7,394.	
7	Travel	53,760.	53,265.	495.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
9	Conferences, conventions, and meetings	1		1	
	Interest	1,980.		1,980.	
	Payments to affiliates	0.001		0.001	
2	Depreciation, depletion, and amortization	8,981.		8,981.	
		4,217.		4,217.	
	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 0.)	01 500	01 100	204	
	MISCELLANEOUS EXPENSES	21,533.	21,139.	394.	C 121
	SOFTWARE	16,515.	8,120.	1,964.	6,431
	STAFF TRAINING	5,903.	3,629.	2,055.	219
	DUES AND LICENSES	2,045.	1,420.	625.	1.4.0
	All other expenses	3,499.	25.	3,034.	<u>440</u> 64,038
	Total functional expenses. Add lines 1 through 24e	1,289,940.	984,256.	241,646.	04,038
	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (202

Form 990 (2023)

1

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3

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Part X Balance Sheet

CLEAN UP THE RIVER ENVIRONMENT

(A) Beginning of year **(B)** End of year 410,951. 301,813. 1 Cash - non-interest-bearing 662,489. 971,231. Savings and temporary cash investments 2 172,500. 575,000. 3 Pledges and grants receivable, net 639. 1,365. Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% ar family member of any of the _

		controlled entity or family member of any of thes	e persons			5	
	6	Loans and other receivables from other disqualif	ied person	ns (as defined			
		under section 4958(f)(1)), and persons described	l in section	4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
As	9				7,567.	9	5,001.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	244,771. 65,683.	176,571.	10c	179,088.	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line -	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	90.
	16	Total assets. Add lines 1 through 15 (must equa			1,430,717.	16	2,033,588.
	17	Accounts payable and accrued expenses			1,894.	17	11,664.
	18	Grants payable			18		
	19	Deferred revenue		19	19,000.		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F		21			
ŝ	22	Loans and other payables to any current or form	er officer,	director,			
liti		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes	e persons			22	
-	23	Secured mortgages and notes payable to unrela		23			
	24	Unsecured notes and loans payable to unrelated	third part	ies	41,995.	24	37,607.
	25	Other liabilities (including federal income tax, page	elated third				
		parties, and other liabilities not included on lines					
		of Schedule D		·····	2,833.	25	<u>13,096.</u> 81,367.
	26	Total liabilities. Add lines 17 through 25			46,722.	26	81,367.
6		Organizations that follow FASB ASC 958, che	ck here	X			
č		and complete lines 27, 28, 32, and 33.			001 016		046.000
alan	27	Net assets without donor restrictions			<u>271,016.</u> 1,112,979.	27	846,822. 1,105,399.
B	28	Net assets with donor restrictions			1,112,979.	28	1,105,399.
un		Organizations that do not follow FASB ASC 9	58, check	here			
г		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29			
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
ţĂ	31	Retained earnings, endowment, accumulated inc		·····	1 202 205	31	
Re	32	Total net assets or fund balances		······ -	1,383,995.	32	1,952,221.
	33	Total liabilities and net assets/fund balances			1,430,717.	33	2,033,588.

Form 990 (2023)

	1990 (2023) CLEAN UP THE RIVER ENVIRONMENT	31-	16933	92	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				66.
2	Total expenses (must equal Part IX, column (A), line 25)	2				40.
3	Revenue less expenses. Subtract line 2 from line 1	3				26.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	<u>383</u>	3,9	95.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,	<u>952</u>	2,2	21.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
					000	

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

-

Nan	ne or i	ne organization CT. FA	א זוס יינדי סי	IVER ENVIRONI			1		1-1693392			
Pa	irt I	Reason for Public (nis nart) S	ee instructions		1-1095592			
		ization is not a private found						•				
1		A church, convention of ch					1)(A)(i)					
2	\square	A school described in secti					•,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
3	\square	A hospital or a cooperative				(b)(1)(Δ)(ii	ii)					
4	\square	A medical research organiza					•	iii). Enter	the hospital's name.			
•		city, and state:		·)				,.	·····,			
5	\square	An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	overnmental uni	t describe	ed in			
		section 170(b)(1)(A)(iv). (C				, ,						
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a la	and-grant	college			
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of th	ne college	or			
		university:										
10	X	An organization that norma										
		activities related to its exem										
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the orga	nization a	fter June 30, 1975.			
		See section 509(a)(2). (Cor				=						
11	\square	An organization organized a	•					t tha	numpeopo of one or			
12		An organization organized a more publicly supported or		•	-			-				
		lines 12a through 12d that							Sheek the box on			
а		Type I. A supporting orga						-	aivina			
_		the supported organization	-	-	• • •	-						
		organization. You must c			, ,				11 3			
b		Type II. A supporting org	-		tion with its	s supporte	d organization	(s), by hav	ring			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage	e the supp	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
c		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally	integrate	d with,			
	_	its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally						-				
		that is not functionally int	v	c	•		•	an attentiv	veness			
		requirement (see instructi										
e		Check this box if the orga					Туре I, Туре II,	, туре ш				
f	Ente	functionally integrated, or er the number of supported o										
c		vide the following information	•	d organization(s).								
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of r	nonetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)			
									<u> </u>			
Tota	al											

Schedule	A (Fori	n 990) 2023
Part II	Su	ppor	t Sc

CLEAN UP THE RIVER ENVIRONMENT

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

Sec	ction A. Public Support		-	-	-		-
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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 \dots						
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 shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		·				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
	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						
	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	•
	First 5 years. If the Form 990 is for th		,			· · · ·	
	organization, check this box and stor	•					
Sec	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2023 (I			column (f))		14	%
	Public support percentage from 2022					15	%
	33 1/3% support test - 2023. If the c					nore, check this bo	x and
	stop here. The organization qualifies			_			
b	33 1/3% support test - 2022. If the c	organization did n	ot check a box on				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2023. If the or	ganization did not				
	and if the organization meets the fact		-				
	meets the facts-and-circumstances te			-		.	
b	10% -facts-and-circumstances test	-			•		
	more, and if the organization meets th		-				
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio		•	-			s
							(Form 990) 2023

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Schedule A (Form 990) 2023

CLEAN UP THE RIVER ENVIRONMENT 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.)

Section A. Public Support (b) 2020 (c) 2021 (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 369,573 673,837. 669,376. 1276514. 1823460. 4812760. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 19,000. 5,071. 44,833. 1,017. 69,921. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 150. 1,904 176. 10,457. 12,687. 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 4895368. 376,548. 718,846. 680,850. 1276664. 1842460. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and Ο. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 0 4895368. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 718,846. 4895368. 9 Amounts from line 6 376,548. 680,850. 1276664. 1842460. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 7,673. 7,550. 7,262. 10,749. 15,277. 48,511. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 7,673. 7,550. 7,262. 10,749. 15,277. 48,511. c Add lines 10a and 10b 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 3,245. 3,245. assets (Explain in Part VI.) 384,221. 726,396. 688,112. 1287413. 1860982. 4947124. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 98.95 % Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 15 47.30 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .98 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) % 17 1.00 18 18 Investment income percentage from 2022 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not _____X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023 332023 12-21-23

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16

CLEAN UP THE RIVER ENVIRONMENT

1

Yes No

Part IV | Supporting Organizations

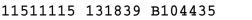
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "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?
- 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 disgualified 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.)

17

332024 12-21-23



2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2023

CLEAN UP THE RIVER ENVIRONMENT Schedule A (Form 990) 2023

2

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
с	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion l	B. Type I Supporting Organizations			
				Yes	No
1	more direct effect	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> tively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> <i>nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	l. or controlled	the supporting	organization.
Section C. T	vpe II Supp	orting Orga	nižations

Yes No 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

Section D. All Type III Supporting Organizations
--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? 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			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to sat	sfy the Integral Par	t Test during the year	(see instructions).
	Check the DOX hext to the method that the organization used to sat	אין נוופ ווונפעומו רמו	l rest during the year	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental ent	ity (see instruction <u>s).</u>
-----	--	---	-------------------------	----------------------------------	---------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2023

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18

_	dule A (Form 990) 2023 CLEAN UP THE RIVER ENVI			31-1693392 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin		•	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	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):			
<u>a</u>	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		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting a	rganization (see

CLEAN UP THE RIVER ENVIRONMENT

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

CLEAN U	JP THE	RIVER	ENVIRONMENT
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_		RIVER ENVIRONME		3	1-1693392 Page 7
	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)	
Sect	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
_4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	[10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
c	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

332027 12-21-23

AISCELLANEOUS REVENUE	
2023 AMOUNT: \$ 3,245.	
32028 12-21-23	Schedule A (Form 990) 2

CLEAN UP THE RIVER ENVIRONMENT

Schedule A (Form 990) 2023

(See instructions.)

Part VI

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

	CLEAN	UP	THE	RIVER	ENVIRONMENT
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31-1693392

Organization type (check or	ne):
Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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 for an *exclusively* set.

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

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

Name of organization CLEAN UP THE RIVER ENVIRONMENT

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990) (2023)

Part I

31-1693392

Employer identification number

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,000.	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		\$ <u>600,000.</u>	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		\$ <u>30,000.</u>	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		\$35,000.	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		\$ <u>175,000.</u>	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		\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)
	23		

Page 2

(a) No.	(b) Name, address, and ZIP + 4	
7_		\$
(a) No.	(b) Name, address, and ZIP + 4	
8		\$
(a) No.	(b) Name, address, and ZIP + 4	
9		\$

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990) (2023)

CLEAN UP THE RIVER ENVIRONMENT

Name of organization

Part I

(a)

No.

10

(a)

No.

11

(a)

No.

12

Employer identification number

(d)

Type of contribution

X

31-1693392

Person Payroll

Noncash

(c) **Total contributions**

438,000.

(Complete Part II for noncash contributions.) (c) (d) **Total contributions** Type of contribution X Person Payroll 90,000. Noncash (Complete Part II for noncash contributions.) (c) (d) **Total contributions** Type of contribution X Person Payroll 80,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 X Person Payroll 40,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

Page 2 Employer identification number

CLEAN UP THE RIVER ENVIRONMENT

31-1693392 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 13 X Person Payroll 35,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for

> noncash contributions.) Schedule B (Form 990) (2023)

323452 12-26-23

11511115 131839 B104435

Part I		(See Instructions.)	
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		\$	
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
raiti			
		\$	
		V	
(a) No	<i>1</i> .)	(c)	(-1)
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		—	
		\$	

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

(b)

Description of noncash property given

CLEAN UP THE RIVER ENVIRONMENT

Name of organization

Part II

(a)

No.

from

Employer identification number

(d)

Date received

31-1693392

(c)

FMV (or estimate)

(See instructions.)

	B (Form 990) (2023)				Page 4			
Name of o	rganization				Employer identification number			
CLEAN	UP THE RIVER ENVIRONMEN	NT			31-1693392			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described						
	completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	charitable, etc., contributions of \$1,00	0 or less for the ye	ear. (Enter this info. or	nce.) \$			
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held			
			-					
-								
		(e) Transfer o	f gift					
	Transferee's name, address, a	nd ZIP + 4	Rela	ationship of trai	nsferor to transferee			
(a) No								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held			
			-					
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Rela	ationship of trai	nsferor to transferee			
				•				
(a) No. from	(b) Purpose of gift	(c) Use of gift	of gift (d) Description of how gift is held					
Part I								
			-					
			-					
ľ		(e) Transfer o	f gift					
	Transferee's name, address, a	nd 7 ID + 4	Pole	tionship of trav	nsferor to transferee			
ŀ			Neid					
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held			
Part I				(-)				
-		e) Transfer o	l of gift					
	Transferee's name, address, a	nd ZIP + 4	Rela	ationship of trai	nsferor to transferee			
323454 12-26	5-23				Schedule B (Form 990) (2023)			

	501(c)(4), (5), or (6) organizations: Complete Part III.	
Name of o	ganization	Emp
	CLEAN UP THE RIVER ENVIRONMENT	
Part I-A	Complete if the organization is exempt under section 501(c) or is a s	section 527 of
	*	
1 Provid	e a description of the organization's direct and indirect political campaign activities in Part IV.	
9 Doliti	al campaign activity expenditures	

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990)

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

mplete Part II-A.

art V, line 35c (Proxy

Nan	ne of organization					Emplo	oyer identificati	on number
	CLEAN UP THE RIVER ENVIRONMENT 31-1693392							
Pa	art I-A Complete if	the org	anization is exempt under	r section 501(c) or	r is a section 52	27 org	anization.	
2	Political campaign activity Volunteer hours for politic	/ expendit al campai	gn activities					
Pa	art I-B Complete if	the org	anization is exempt under	r section 501(c)(3)				
2 3	Enter the amount of any e If the organization incurre	excise tax d a sectio	incurred by the organization under incurred by organization managers n 4955 tax, did it file Form 4720 fo	s under section 4955 r this year?		\$	Yes	No
	If "Yes," describe in Part	IV.						
Pa	art I-C Complete if	the org	anization is exempt under	^r section 501(c), e	except section 5	501(c)	(3).	
1	Enter the amount directly	expended	by the filing organization for secti	on 527 exempt functio	n activities	\$		
2	Enter the amount of the fi	ling organ	ization's funds contributed to othe	r organizations for sec	tion 527			
						\$.		
3			. Add lines 1 and 2. Enter here and					
						\$.		
4	Did the filing organization		,					No
5	made payments. For each contributions received that	n organiza at were pro	nployer identification number (EIN tion listed, enter the amount paid f omptly and directly delivered to a s additional space is needed, provid	rom the filing organizates political organ	tion's funds. Also en ization, such as a se	ter the	amount of politi	cal
	(a) Name		(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, ent	on's	(e) Amount of contributions re promptly and delivered to a political orga If none, en	ceived and directly separate nization.
			1	1	1			

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23

28 2023.05000 CLEAN UP THE RIVER ENVIRO B1044351

OMB No. 1545-0047

23 70 Open to Public Inspection

Schedule C (Form 990) 2023	CLEAN UF	THE RI	VER EN	VIRONMENT		693392 Page 2	
Part II-A Complete if the org	anization is	exempt un	der sect	ion 501(c)(3) and file	ed Form 5768 (ele	ction under	
section 501(h)).							
	-	-		st in Part IV each affiliated	group member's name	e, address, EIN,	
expenses, and shar		, .	,				
B Check if the filing organiza	ts on Lobbying	Expenditures	5		(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to influ	Jence public on	inion (grassroo	ots lobbving)	0.		
b Total lobbying expenditures to influ				"	27,380.		
c Total lobbying expenditures (add li	•				27,380.		
d Other exempt purpose expenditure					1,262,560.		
e Total exempt purpose expenditure					1,289,940.		
f Lobbying nontaxable amount. Ente					203,994.		
If the amount on line 1e, column (a) o		he lobbying n					
not over \$500,000,		0% of the amo	unt on line	1e.			
over \$500,000 but not over \$1,000),000, \$	100,000 plus 1	15% of the e	excess over \$500,000.			
over \$1,000,000 but not over \$1,50	00,000, \$	175,000 plus 1	10% of the e	excess over \$1,000,000.			
over \$1,500,000 but not over \$17,0	000,000, \$	225,000 plus 5	5% of the e>	cess over \$1,500,000.			
over \$17,000,000,							
g Grassroots nontaxable amount (enter 25% of line 1f) 50,999.							
h Subtract line 1g from line 1a. If zer	o or less, enter	-0-			0.		
i Subtract line 1f from line 1c. If zero	o or less, enter -	0			0.		
j If there is an amount other than ze	ro on either line	1h or line 1i, d	lid the orga	nization file Form 4720	_		
reporting section 4911 tax for this	year?					Yes No	
(Some organizations th	hat made a sec	tion 501(h) ele	ection do n	der Section 501(h) ot have to complete all r lines 2a through 2f.)	of the five columns be	low.	
	Lobbying	Expenditures	During 4-	Year Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total	
2a Lobbying nontaxable amount					203,994.	203,994.	
 b Lobbying ceiling amount (150% of line 2a, column(e)) 						305,991.	

27,380.

50,999.

76,499.

27,380.

50,999.

Schedule C (Form 990) 2023

332042 11-06-23

c Total lobbying expenditures

d Grassroots nontaxable amounte Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity.	Yes	Νο	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(C)(5)	, or sec	tion	
	501(c)(6).			Vee	Na
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section		3	tion	
1 41	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3 is
	answered "Yes."	,, no on ,	s, r art i	n <i>A</i> , inte	0,10
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
2	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions		. 5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-A	. lines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

332043 11-06-23

SCHEDULE D	Sup
(Form 990)	Com

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.



Department of the Treasury Internal Revenue Service

Nam	e of the organization CLEAN UP THE RIVER	ENVTRONMENT	Employer identification number 31-1693392
Pa			
	organization answered "Yes" on Form 990, Part IV, lin		Complete in the
		(a) Donor advised funds	(b) Funds and other accounts
	Tatal surplice at and african		
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		fe un alla
5	Did the organization inform all donors and donor advisors in w	-	
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		ľ m m
Pa		repiration answered "Vee" on Form 900. Der	Yes No
			t iv, ine 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · ·	
	Preservation of land for public use (for example, recrea	<i>'</i>	historically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	Held at the End of the Tax Year
	day of the tax year.		
b			
с.	Number of conservation easements on a certified historic stru		<u>2c</u>
d	Number of conservation easements included on line 2c acqu	• • •	
•	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the org	ganization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conserv	ation easements during the year
-	Amount of company in company in the state of		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	reasements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section $170(h)(4)$	
0			
٥	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	an assemble in its revenue and expanse sta	
5	balance sheet, and include, if applicable, the text of the footr		
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	Art. Historical Treasures. or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		balance sheet works
14	of art, historical treasures, or other similar assets held for put	· ·	
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		ance sheet works of
2	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			•
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial or	
2	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		
	,		····· Ψ

b	Assets included in Form 990, Part X

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31

Sche		P THE RIVER				31-16	93392	Page	2		
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Ti	reasures, or (Other Sim	ilar Assets	continu	ued)			
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	e following that n	nake significa	nt use of its					
	collection items (check all that apply).										
а	Public exhibition	d	Loan or ex	xchange program	ı						
b	Scholarly research	e	Other								
с	c Preservation for future generations										
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit of	or receive donations o	of art, historical tre	asures, or other	similar assets		_				
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	t IV Escrow and Custodial Arran		te if the organizati	on answered "Ye	es" on Form 9	90, Part IV, li	ne 9, or				
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	•					_				
	on Form 990, Part X?					L	Yes	No	D		
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:		_						
							Amount				
С	Beginning balance				·····	с					
d	Additions during the year					d					
е	Distributions during the year										
f	Ending balance					f					
	Did the organization include an amount on F				, j	L	Yes		D		
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if					aa waara baak		vaara baal			
		(a) Current year	(b) Prior year	(c) Two years		ee years back	(e) Four	years back	ί. 		
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance		//:								
2	Provide the estimated percentage of the curr			(a)) held as:							
a	Board designated or quasi-endowment		_%								
D	Permanent endowment	%									
С		<u>%</u>									
2-	The percentages on lines 2a, 2b, and 2c sho		tion that are hold	and administers	d for the						
38	Are there endowment funds not in the posse organization by:	ssion of the organiza	tion that are neid	and administered	a for the		[`	Yes No	-		
	5						3a(i)		-		
	(i) Unrelated organizations?(ii) Related organizations?						3a(ii)		_		
h	If "Yes" on line 3a(ii), are the related organization						3b		-		
4	Describe in Part XIII the intended uses of the			• • • • • • • • • • • • • • • • • • • •			_ 00 _		-		
Par	t VI Land, Buildings, and Equipm		which turids.								
	Complete if the organization answere		, Part IV, line 11a.	See Form 990, F	Part X, line 10).					
	Description of property	(a) Cost or o	ther (b) Co	ost or other	(c) Accumu	lated	(d) Book	value	_		
		basis (investr	hent) basi	is (other)	depreciat	ion					
1a	Land				1 -	202	1	<u> </u>			
b	Buildings		1	75,940.	15,	303.	T00	,637	•		
	Leasehold improvements			<u> </u>			1 0	4 - 1			
	Equipment			68,831.	50,	380.	18	,451	•		
	Other						1 1 0 0	000			
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part J	X <u>, line 10c, colum</u>	n <u>n (B))</u>			т/9	,088	•		

Schedule D (Form 990) 2023

332052 09-28-23

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal . (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			,
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered of the organization answered "Yes" of the organization answered of the organization and the organization a	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(2)			
(3)			
(3) (4)			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability			1
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) OTHER LIABILITIES			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) OTHER LIABILITIES (3)			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) OTHER LIABILITIES (3) (4)			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) OTHER LIABILITIES (3) (4) (5)			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) OTHER LIABILITIES (3) (4)			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) OTHER LIABILITIES (3) (4) (5)			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) OTHER LIABILITIES (3) (4) (5) (6)			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) OTHER LIABILITIES (3) (4) (5) (6) (7)			1

Schedule D (Form 990) 2023

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CLEAN UP THE RIVER ENVIRONMENT Schedule D (Form 990) 2023

31-1693392 Page 3

	dule D (Form 990) 2023 CLEAN UP THE RIVER ENVIRON			31-	1693392 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements		1	1,861,972.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,861,972.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-3,806.		
с	Add lines 4a and 4b		4c	-3,806.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,858,166.	
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1					1 000 040
•	Total expenses and losses per audited financial statements			1	1,293,746.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	1,293,746.
-				1	1,293,746.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		1	1,293,746.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b		1	1,293,746.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	3,806.	1	
2 a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	3,806.	1 2e	3,806.
2 a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	3,806.		
2 a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	3,806.	2e	3,806.
2 b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	3,806.	2e	3,806.
2 b c d 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	3,806.	2e	3,806.
2 a b c d e 3 4 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	3,806.	2e	<u>3,806.</u> 1,289,940. 0.
2 a b c d e 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	3,806.	2e 3	<u>3,806.</u> 1,289,940.

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

PART X, LINE 2:

THE	ORG	ANIZ	ATION	IIS	EXEN	IPT FI	ROM	FEDERA	L IN	COME	TAX	UNDE	RS	ECTI	ON	501((C)(3)
OF 1	ГНE	INTE	RNAL	REVI	ENUE	CODE	. нот	WEVER,	INC	OME 1	FROM	CERT	AIN	ACI	IVI	TIES	5 NOT	1
DIR	ECTL	Y RE	LATEI	о то	THE	ORGAI	JIZA	rion's	TAX	-EXEI	MPT 1	PURPO	SE	IS S	SUBJ	ECT	то	
TAX	ATIO	N AS	UNRF	LATI	ED BU	JSINES	SS II	NCOME .	IN.	ADDI	TION	, THE	COR	GANI	ZAT	ION		
QUAI	LIFI	ES F	OR TH	IE CI	IARI	ABLE	CON	TRIBUT	ION	DEDU	CTIO	N UNI	DER	SECI	ION	Ī		
170	(B)(1)(A) ANI) HAS	5 BEE	EN CLA	ASSI	FIED A	S AN	ORG	ANIZZ	ATION	от	HER	тна	N A		
PRIV	JATE	FOU	NDATI	ON U	JNDEF	R SEC	TION	509(A	.)(2)	•								

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SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.											
Department of the Treasury		_	Attach to Form	n 990.			2023 Open to Public				
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspection				
Name of the organization CLEAN UP	THE RIVER	ENVIRONMEN'	Т				Employer identification number 31-1693392				
Part I General Information on Grants and Assistance											
criteria used to award the grants or as	 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. 										
Part II Grants and Other Assistance t recipient that received more tha	-				anization answered "Y	′es" on Form 990, Part	t IV, line 21, for any				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
CLIMATE LAND LEADERS	88-3863429	501(C) (3)	31,125.	0.			WINDWARD				
GREENER PASTURES	35-2739414	OTHER	6,425.	0.			WINDWARD RURAL REGENERATION GRANT				
 2 Enter total number of section 501(c)(3) 3 Enter total number of other organization 			l e line 1 table				<u> </u>				

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

CLEAN UP THE RIVER ENVIRONMENT

31-1693392

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CAROLYN FOUNDATION	1	3,000.	0.		
ENERGY FOUNDATION	5	15,500.	0.		
ICKNIGHT FOUNDATION	1	3,500.	0.		

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

PART I, LINE 2

CURE MAINTAINS ALL RECORDS RELATED TO GRANTS RECEIVED AND/OR ASSISTANCE

PROVIDED. THE ORGANIZATION CONDUCTS RESEARCH TO VERIFY THE ELIGIBILITY

OF ALL GRANTEES. EACH GRANT IS REVIEWED TO ENSURE COMPLIANCE WITH ALL

STATE AND FEDERAL REGULATIONS AND MEETS THE REQUIRED CHARITABLE PURPOSE

OF THE ORGANIZATION.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



CLEAN UP THE RIVER ENVIRONMENT

Employer identification number 31 - 1693392

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CARE ABOUT THEM. WE DO THIS BECAUSE WE BELIEVE THAT ROBUST HUMAN

COMMUNITIES CAN ONLY BE SUSTAINED BY HEALTHY ECOSYSTEMS, AND ROBUST

NATURAL ENVIRONMENTS CAN ONLY BE REGAINED THROUGH VIGOROUS STEWARDSHIP.

OUR WORK TAKES MANY FORMS, BUT ALWAYS INVOLVES THREE CORE PRACTICES:

AWAKENING PEOPLE'S BONDS WITH THE NATURAL WORLD AROUND THEM,

INCLUSIVELY AND STRATEGICALLY EXPLORING ISSUES AND ACTIONS,

SYSTEMATICALLY BUILDING COMMUNITIES OF CHANGE AT CRITICAL INTERSECTIONS

OF ECOLOGICAL AND SOCIAL WELL-BEING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REGAINED THROUGH VIGOROUS STEWARDSHIP. OUR WORK TAKES MANY FORMS, BUT

ALWAYS INVOLVES THREE CORE PRACTICES: AWAKENING PEOPLE'S BONDS WITH

THE NATURAL WORLD AROUND THEM, INCLUSIVELY AND STRATEGICALLY EXPLORING

ISSUES AND ACTIONS, SYSTEMATICALLY BUILDING COMMUNITIES OF CHANGE AT

CRITICAL INTERSECTIONS OF ECOLOGICAL AND SOCIAL WELL-BEING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ALIGNING THE PRIORITIES OF MINNESOTA'S REC'S TO THEIR COOPERATIVE

FOUNDING PRINCIPLES, CURE HAS ORGANIZED MEMBER-OWNERS TO CHANGE REC

PRIORITIES: GROW TRANSPARENCY IN REC GOVERNANCE, BUILD GRASSROOTS

POWER, AND FIGHT AGAINST THE REC'S RELIANCE ON DIRTY ELECTRICITY FROM

COAL INSTEAD TRANSITIONING THEIR ELECTRICITY GENERATION TO RENEWABLE,

COMMUNITY-BASED ENERGY SOURCES THAT WOULD BE CHEAPER FOR THEIR

MEMBER-OWNERS AND BE A SOURCE OF RURAL ECONOMIC GROWTH.

 CURE'S ENERGY DEMOCRACY PROGRAM IS HELPING DELIVER CLEAN ELECTRICITY,

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

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COMMUNITIES AND POSITIVE CLIMATE AND ENERGY IMPACTS TO ALL MINNESOTANS.
ENERGY DEMOCRACY IS:
CLEAN - ENERGY PRODUCED WITHOUT THE RELEASE OF GREENHOUSE GASES, FOR
EXAMPLE, WIND AND SOLAR POWER
LOCAL - ENERGY PRODUCED AND OWNED IN OUR COMMUNITIES AND BY OUR
NEIGHBORS
DEMOCRATIC - COMMUNITY HAVING A VOICE AND POWER IN THE DECISION-MAKING
ABOUT OUR ENERGY FUTURE
FORM 990, PART VI, SECTION A, LINE 6:
MEMBERSHIP IS BE OPEN TO ALL PERSONS THAT SUPPORT CURE'S MISSION STATEMENT
AND WHO PAY ANNUAL MEMBERSHIP DUES.
FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO SUCH COMMITTEES THAT ACT ON BEHALF OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11B:
AFTER PREPARATION BY AN INDEPENDENT ACCOUNTING FIRM, THE FORM 990 WILL BE
REVIEWED AND APPROVED BY THE FULL BOARD.
FORM 990, PART VI, SECTION B, LINE 12C:
AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT IS COMPETED BY ALL
EMPLOYEES AND BOARD MEMBERS. THE BOARD OR A DULY APPOINTED BOARD COMMITTEE
SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IN THE CASE OF AN EXISTING
CONFLICT, WHETHER THE COMPLETED TRANSACTION MAY BE AUTHORIZED AJ JUST, FAIR
AND REASONABLE TO CURE.

38

CLEAN UP THE RIVER ENVIRONMENT

ENERGY EFFICIENCY, CLIMATE JUSTICE, AND ECONOMIC JUSTICE TO RURAL

332212 11-14-23

Schedule O (Form 990) 2023

Page 2

Employer identification number

31-1693392

Schedule O (Form 990) 2023

Name of the organization

Schedule O (Form 990) 2023			Page 2
Name of the organization	UP THE RIVER ENV	IRONMENT	Employer identification number 31-1693392
FORM 990, PART VI,	SECTION C, LINE 19):	
THE ORGANIZATION'S	GOVERNING DOCUMENT	S AND CONFLICT OF INT	EREST POLICY ARE
		THE ORGANIZATION'S F	INANCIAL
STATEMENTS ARE NOT			
FORM 990, PART XII,	LINE 2C:		
THE ORGANIZATION HA	S A COMMITTEE THAT	ASSUMES RESPONSIBILI	TY FOR
		AL STATEMENTS AND SEL	
		HAS NOT CHANGED FROM	
YEAR.			
			Sakadula O (Farma 000) 0000
332212 11-14-23		2.0	Schedule O (Form 990) 2023