

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning , and ending

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C Name of organization GREENAGERS, INC.</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 157</p> <p>City or town, state or province, country, and ZIP or foreign postal code SOUTH EGREMONT MA 01258</p> <p>F Name and address of principal officer: DAVID SHEEHAN PO BOX 316 SOUTH EGREMONT MA 01258</p>	<p>D Employer identification number 46-1728356</p> <p>E Telephone number 413-644-9090</p> <p>G Gross receipts \$ 1,645,289</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p>J Website: ▶ HTTPS://GREENAGERS.ORG/ H(c) Group exemption number ▶</p>		
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p>L Year of formation: 2013 M State of legal domicile: MA</p>

Part I Summary

Activities & Governance	<p>1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O</p>			
	<p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p>			
	<p>3 Number of voting members of the governing body (Part VI, line 1a)</p>	3	9	
	<p>4 Number of independent voting members of the governing body (Part VI, line 1b)</p>	4	9	
	<p>5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)</p>	5	66	
	<p>6 Total number of volunteers (estimate if necessary)</p>	6	47	
	<p>7a Total unrelated business revenue from Part VIII, column (C), line 12</p>	7a	0	
<p>b Net unrelated business taxable income from Form 990-T, Part I, line 11</p>	7b	0		
Revenue			Prior Year	Current Year
	<p>8 Contributions and grants (Part VIII, line 1h)</p>	1,096,264	946,307	
	<p>9 Program service revenue (Part VIII, line 2g)</p>	271,669	444,327	
	<p>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</p>	24,232	25,623	
	<p>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</p>	26,233	128,976	
	<p>12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</p>	1,418,398	1,545,233	
Expenses	<p>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</p>		0	
	<p>14 Benefits paid to or for members (Part IX, column (A), line 4)</p>		0	
	<p>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</p>	556,214	648,500	
	<p>16a Professional fundraising fees (Part IX, column (A), line 11e)</p>		0	
	<p>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 43,813</p>			
	<p>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</p>	487,324	580,677	
<p>18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)</p>	1,043,538	1,229,177		
<p>19 Revenue less expenses. Subtract line 18 from line 12</p>	374,860	316,056		
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	<p>20 Total assets (Part X, line 16)</p>	1,917,561	2,212,462	
	<p>21 Total liabilities (Part X, line 26)</p>	116,477	44,731	
<p>22 Net assets or fund balances. Subtract line 21 from line 20</p>	1,801,084	2,167,731		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	<p>Signature of officer CHERYL SLEBODA</p>		<p>Date TREASURER</p>	
	<p>Type or print name and title</p>			
Paid Preparer Use Only	<p>Print/Type preparer's name BRYON M. SHERMAN, CPA</p>	<p>Preparer's signature BRYON M. SHERMAN, CPA</p>	<p>Date 11/10/22</p>	<p>Check <input checked="" type="checkbox"/> if self-employed PTIN P00396128</p>
	<p>Firm's name ▶ SMITH, WATSON & COMPANY, LLP</p>	<p>Firm's EIN ▶ 04-2530803</p>		
	<p>Firm's address ▶ PITTSFIELD, MA 01201</p>	<p>Phone no. 413-464-9940</p>		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

[] Yes [X] No

If "Yes," describe these new services on Schedule O.

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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 314,402 including grants of \$) (Revenue \$ 226,500)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 270,306 including grants of \$) (Revenue \$ 54,068)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 402,042 including grants of \$) (Revenue \$ 166,009)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 986,750

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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		X
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		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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		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		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		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	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	66		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	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:				
a	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			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
 KAREN FAVEAU 62 UNDERMOUNTAIN ROAD, PO BOX 157
 SOUTH EGREMONT MA 01258 413-644-9090

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID SHEEHAN PRESIDENT	1.00 0.00	X		X				0	0	0
(2) ELLEN LAHR VICE PRESIDENT	1.00 0.00	X		X				0	0	0
(3) CHERYL SLEBODA TREASURER	1.00 0.00	X		X				0	0	0
(4) CARISSA MANN SECRETARY	1.00 0.00	X		X				0	0	0
(5) KELLY BAXTER SPITZ DIRECTOR	1.00 0.00	X						0	0	0
(6) DEBORAH PHILLIPS DIRECTOR	1.00 0.00	X						0	0	0
(7) LORI LEVINSON DIRECTOR	1.00 0.00	X						0	0	0
(8) BRONLEY BOYD DIRECTOR	1.00 0.00	X						0	0	0
(9) PETER WHITEHEAD DIRECTOR	1.00 0.00	X						0	0	0
(10) WILLIAM CONKLIN EXECUTIVE DIRECTOR	32.00 0.00			X				70,308	0	0
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotal rows 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Intended for listing independent contractors.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e		175,196				
	f All other contributions, gifts, grants, and similar amounts not included above	1f		771,111				
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			946,307				
Program Service Revenue				Business Code				
	2a CW WORK CREW CONTRACTS		110000	217,489	217,489			
	b SCHOOL PROGRAMS		611600	159,777	159,777			
	c APRIL HILL RENTAL		110000	37,150			37,150	
	d FLF GARDEN FEE		531120	12,750	12,750			
	e TRAIL MANAGEMENT CONTRACTS		110000	9,011	9,011			
	f All other program service revenue		110000	8,150	8,150			
g Total. Add lines 2a-2f			444,327					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			18,472			18,472	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real					
			(ii) Personal					
	b Less: rental expenses	6b						
	c Rental inc. or (loss)	6c						
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	95,743				
			(ii) Other					
	b Less: cost or other basis and sales exps.	7b		84,136	4,456			
c Gain or (loss)	7c		11,607	-4,456				
d Net gain or (loss)			7,151	-5,661		12,812		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a		136,850					
		b Less: direct expenses	8b	11,464				
		c Net income or (loss) from fundraising events		125,386				
9a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
		c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code				
	11a OTHER RENTAL		900099	2,250			2,250	
	b GA OTHER REVENUE		110000	952			952	
	c EVENT SPONSORSHIP		110000	220			220	
	d All other revenue		110000	168			168	
e Total. Add lines 11a-11d			3,590					
12 Total revenue. See instructions			1,545,233	401,516	0	72,024		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	70,308	46,755	15,468	8,085
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	42,195	42,195		
7 Other salaries and wages	481,169	369,112	89,384	22,673
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	54,828	41,501	9,683	3,644
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	16,833	16,833		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,572		2,572	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	248,733	230,552	15,201	2,980
12 Advertising and promotion	11,587	544	10,654	389
13 Office expenses	7,448	5,898	1,550	
14 Information technology				
15 Royalties				
16 Occupancy	108,148	74,617	33,531	
17 Travel	1,297	472	825	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,827	32,256	571	
23 Insurance	12,328	7,245	5,083	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CW TOOLS & SUPPLIES	37,414	37,414		
b AP TOOLS & SUPPLIES	33,035	33,035		
c SP TOOLS & SUPPLIES	25,488	25,488		
d GA GRANTS & CONTRIBUTIONS	9,067		9,067	
e All other expenses	33,900	22,833	5,025	6,042
25 Total functional expenses. Add lines 1 through 24e	1,229,177	986,750	198,614	43,813
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	620,466	1	585,137
	2 Savings and temporary cash investments	161,375	2	160,435
	3 Pledges and grants receivable, net	31,570	3	112,910
	4 Accounts receivable, net	11,814	4	59,881
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,838	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 675,834		
	b Less: accumulated depreciation	10b 69,450	421,099	10c 606,384
	11 Investments—publicly traded securities	659,399	11	687,715
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		1,917,561	16	2,212,462
Liabilities	17 Accounts payable and accrued expenses	80,668	17	16,596
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	35,809	23	28,135
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		116,477	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,704,974	27	2,167,731
	28 Net assets with donor restrictions	96,110	28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,801,084	32	2,167,731
33 Total liabilities and net assets/fund balances	1,917,561	33	2,212,462	

Part 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	1,545,233
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,229,177
3	Revenue less expenses. Subtract line 2 from line 1	3	316,056
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,801,084
5	Net unrealized gains (losses) on investments	5	50,591
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,167,731

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Federal Statements

Statement 1 - Form 4562, Line 26 - Property Used More Than 50% in a Qualified Business

	Property Type	Date	Business %	Cost	Depr Basis	Period	Method	Deduction	Section 179
DODGE 2500		3/20/18	100.00	\$ 10,695	\$ 10,695	5.0	S/L-	\$ 357	\$
2013 E350 VAN		3/20/19	100.00	13,061	13,061	5.0	S/L-	2,613	
2009 CHEVY XPRESS VAN		2/03/20	100.00	9,500	9,500	5.0	S/L-	1,900	
CHEVY EXPRESS VAN		4/05/15	100.00	9,402	9,402	5.0	S/L-		
TOTAL				<u>\$ 42,658</u>	<u>\$ 42,658</u>			<u>\$ 4,870</u>	<u>\$ 0</u>

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization

GREENAGERS, INC.

Employer identification number

46-1728356

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	178,112	1,242,277	567,642	1,096,264	946,307	4,030,602
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	178,112	1,242,277	567,642	1,096,264	946,307	4,030,602
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)						957,305
6 Public support. Subtract line 5 from line 4						3,073,297

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	178,112	1,242,277	567,642	1,096,264	946,307	4,030,602
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		171	21,431	44,801	55,622	122,025
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.)		1,690	3,207	26,133	3,342	34,372
11 Total support. Add lines 7 through 10						4,186,999

12 Gross receipts from related activities, etc. (see instructions) **12** 1,340,226

13 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

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	73.40%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	68.48%

16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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 assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2021.** 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 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—2020.** 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 ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
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? <i>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.</i>		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
2b		
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? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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

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

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

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS RECEIPTS \$ 31,030

**Schedule B
(Form 990)**

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

2021

Name of the organization <u>GREENAGERS, INC.</u>	Employer identification number 46-1728356
---	---

Organization type (check one):

- | | | |
|--------------------|---|--|
| Filers of: | Section: | |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | <input type="checkbox"/> 527 political organization | |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation | |

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

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

General Rule

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

Special Rules

- 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 ▶ \$

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).

Name of organization

GREENAGERS, INC.

Employer identification number

46-1728356

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 25,138	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 29,530	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 125,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

GREENAGERS, INC.

Employer identification number

46-1728356

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

GREENAGERS, INC.

Employer identification number

46-1728356

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

GREENAGERS, INC.

Employer identification number

46-1728356

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1, Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

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 or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ %
- b** Permanent endowment ▶ %
- c** Term endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		142,659		142,659
b Buildings		98,764	7,386	91,378
c Leasehold improvements		221,003	20,537	200,466
d Equipment		57,468	14,994	42,474
e Other		68,645	26,533	42,112
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				519,089

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,604,716
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	50,591	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	11,464	
e	Add lines 2a through 2d	2e		62,055
3	Subtract line 2e from line 1	3		1,542,661
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,572	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		2,572
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,545,233

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,238,069
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	11,464	
e	Add lines 2a through 2d	2e		11,464
3	Subtract line 2e from line 1	3		1,226,605
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,572	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		2,572
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		1,229,177

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part 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 XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

EXPENSES NETTED WITH REVENUE ON 990 BUT EXPENSED ON FS \$ 11,464

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

EXPENSES NETTED WITH REVENUE ON 990 BUT EXPENSED ON FS \$ 11,464

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

GREENAGERS, INC.

Employer identification number

46-1728356

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

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.....

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.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>YO YO MA EVENT</u>		<u>NONE</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	136,850			136,850
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	136,850			136,850
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	3,371			3,371
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,093			8,093
	10 Direct expense summary. Add lines 4 through 9 in column (d)				11,464
11 Net income summary. Subtract line 10 from line 3, column (d)				125,386	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

.....

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

.....

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$

c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

2021

Open To Public Inspection

Employer identification number

46-1728356

GREENAGERS, INC.

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) ARETHA WHITEHEAD	DAUGHTER-IN-LAW	42,195	WAGES		X
(2)	OF DIRECTOR				X
(3) YURI WHITEHEAD	SON OF DIRECTOR	50,218	WAGES		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART V - ADDITIONAL INFORMATION

ARETHA WHITEHEAD IS THE DAUGHTER-IN-LAW OF PETER WHITEHEAD WHO SERVES AS A DIRECTOR OF GREENAGERS, INC. GREENAGERS, INC. PAID WAGES OF \$42,195 TO ARETHA. THE BOARD OF DIRECTORS APPROVED HER EMPLOYMENT.

YURI WHITEHEAD IS THE SON OF PETER WHITEHEAD, A MEMBER OF THE BOARD OF DIRECTORS, AND LOCATED AT 5 LUCKY LANE, HOUSATONIC, MA 01236. GREENAGERS, INC. PAID WAGES OF \$50,218 TO YURI. THE BOARD OF DIRECTORS APPROVED HIS EMPLOYMENT.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

GREENAGERS, INC.

Employer identification number

46-1728356

FORM 990 - ORGANIZATION'S MISSION

GREENAGERS PROVIDES EMPLOYMENT AND VOLUNTEER OPPORTUNITIES FOR TEENS AND YOUNG ADULTS IN THE FIELDS OF CONSERVATION, SUSTAINABLE FARMING, AND ENVIRONMENTAL LEADERSHIP. THROUGH VOCATIONAL-ENVIRONMENTAL PROGRAMS AND COMMUNITY ENGAGEMENT, GREENAGERS PREPARES YOUTH FOR SUCCESS IN THEIR EDUCATION AND WORK.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

CONSERVATION (APPROXIMATELY 70 YOUTH EMPLOYED ANNUALLY)

TRAIL CREWS: IN THE BERKSHIRES, CONNECTICUT AND NEARBY NEW YORK STATE, OUR TRAIL CREWS MAINTAIN EXISTING TRAILS AND BUILD NEW TRAILS FOR THE APPALACHIAN TRAIL CONSERVANCY, TRUSTEES OF RESERVATIONS, COLUMBIA LAND CONSERVANCY AND OTHER CONSERVATION ORGANIZATIONS. CREW MEMBERS WORK ON CREWS OF 6-8 YOUTH AND ONE CREW LEADER. OVER THE COURSE OF THE SEASON, CREW MEMBERS LEARN THE SKILLS NECESSARY TO THE VARIOUS JOBS WITH WHICH THEY ARE TASKED; ACQUIRE KNOWLEDGE AND FAMILIARITY WITH THE TOOLS AND VOCABULARY REQUIRED TO ACCOMPLISH THE WORK; RECEIVE ON-SITE TRAINING BY COMMUNITY SPECIALISTS; CONNECT WITH COMMUNITY CONSERVATION PARTNERS; DISCOVER NEW AREAS OF THE BERKSHIRES AND COLUMBIA COUNTY TO EXPLORE AND APPRECIATE; AND EARN MONEY - THIS IS A REAL JOB WITH A STARTING WAGE OF \$12.75 (2020).

RIVER WALK STEWARDS: THE RIVER WALK STEWARDSHIP PROGRAM CONNECTS APPRENTICES WITH A UNIQUE NATIONAL RECREATION TRAIL, A GREENWAY ALONG THE SCENIC HOUSATONIC RIVER IN GREAT BARRINGTON, MA. APPRENTICES TAKE CARE OF WEEKLY MAINTENANCE ON THE TRAIL, HELP LEAD GROUP TOURS AND VOLUNTEER DAYS, AND RECEIVE TRAINING AND MENTORSHIP BY RIVER WALK'S ON-STAFF

Name of the organization

Employer identification number

GREENAGERS, INC.

46-1728356

HORTICULTURALIST AND GREENAGERS' CONSERVATION STAFF.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

AGRICULTURE (AVERAGING 10-20 YOUTH EMPLOYED AND 100 PLUS FAMILIES SERVED ANNUALLY)

APRIL HILL FARM AND FARM CREW: AT APRIL HILL CONSERVATION AND EDUCATION CENTER (ACQUIRED FEBRUARY 2019) WE ARE CREATING A FARM THAT SHOWCASES REGENERATIVE AGRICULTURE. REGENERATIVE FARMING USES TECHNIQUES THAT ARE RESPONSIVE TO CLIMATE CHANGE, THAT IMPROVE THE HEALTH OF THE SOIL, AND THAT TEACH YOUNG ADULTS' METHODS FOR SMALL AND MEDIUM SCALE AGRICULTURE THAT WILL INCREASE THE AMOUNT OF NUTRIENT-DENSE FOOD AVAILABLE TO ALL DEMOGRAPHICS. THE FARM AT APRIL HILL CREATES MULTIPLE OPPORTUNITIES FOR YOUTH EMPLOYMENT AND ENRICHMENT. THE APPRENTICE AND CREW MEMBERS WORK UNDER THE TUTELAGE OF OUR HEAD FARMER TO MAINTAIN THE FARMS VEGETABLE AND FLOWER GARDENS, AND ITS ORCHARDS. ADDITIONALLY, THEY ATTEND TO THE CARE AND KEEPING OF BEES, CHICKENS, AND DUCKS. THE PRODUCE GROWN BENEFITS LOCAL HEALTH CENTERS AND FOOD PANTRIES.

FRONT LAWN FOOD AND FOOD JUSTICE CREW: THE FRONT LAWN FOOD PROGRAM, IN COLLABORATION WITH BERKSHIRE COMMUNITY ACTION COUNCIL, ENCOURAGES LOCAL FAMILIES TO GROW THEIR OWN ORGANIC VEGETABLES. GARDEN BEDS ARE CONSTRUCTED AND INSTALLED BY GREENAGERS STAFF AND YOUTH, WITH SUMMERTIME ADVICE AND PERIODIC GARDEN CHECK-INS AVAILABLE TO GARDEN OWNERS. FOR EVERY GARDEN SOLD, A GARDEN IS DONATED TO A LOCAL FAMILY IN NEED.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

EDUCATION (ENGAGES APPROXIMATELY 150 YOUTH ANNUALLY)

CLIMATE ACTION: WITH GREENAGERS STAFF, MIDDLE SCHOOLERS FROM LOCAL PUBLIC

Name of the organization GREENAGERS, INC.	Employer identification number 46-1728356
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SCHOOLS VENTURE OUTDOORS TO EXPLORE, ENGAGE, AND ULTIMATELY GIVE BACK TO THE ENVIRONMENT AND COMMUNITY IN THIS AFTER-SCHOOL AND SUMMERTIME ENVIRONMENTAL EDUCATION PROGRAM. WE ENCOURAGE STUDENTS TO MAKE MORE INFORMED DECISIONS ABOUT HOW THEY TREAT THE WORLD AROUND THEM THROUGH HANDS-ON ACTIVITIES INVOLVING CLIMATE CHANGE EDUCATION, NATURE OBSERVATION AND APPRECIATION, AND SERVICE-LEARNING PROJECTS FOR THOSE WITHIN THE COMMUNITY AND OUR INTERNATIONAL NEIGHBORS.

WORKSHOPS: GREENAGERS HOSTS A VARIETY OF WORKSHOPS EACH YEAR, WITH A FOCUS ON FARMING AND GARDENING; SUSTAINABLE BUILDING; AND TRADITIONAL SKILLS AND ARTS.

VOLUNTEER DAYS, SCHOOL VISITS, AND OPEN TOURS: GREENAGERS IS DEVELOPING SITE-SPECIFIC CURRICULA FOR APRIL HILL TO AUGMENT OUR CURRENT EDUCATION PROGRAMS FOR LOCAL YOUTH AND CREATE PROGRAMMING FOR VISITING SCHOOLS AND YOUTH. WITH 100 ACRES OF DIVERSE HABITAT, GREENAGERS WELCOMES RURAL, SUBURBAN, AND URBAN YOUTH TO HANDS-ON ACTIVITIES AND SERVICE PROJECTS TO FOSTER DEEPER CONNECTIONS WITH OUR ENVIRONMENT. VISITS RANGE FROM HALF A DAY TO A WEEK.

PATHWAYS TO THE TRADES: IN PARTNERSHIP WITH LOCAL HIGH SCHOOLS AND CONSTRUCT, INC., GREENAGERS USES ITS WORK CREW MODEL TO ENGAGE STUDENTS IN VISITS TO CONSTRUCTION SITES, FARMS, AND OTHER WORKPLACES THAT SHOWCASE THE CULTURE AND ENVIRONMENT OF THE TRADES IN BERKSHIRE COUNTY. IN ADDITION, THE PATHWAYS CREW ENGAGES IN VARIOUS TRADE-RELATED JOBS AT APRIL HILL OFTEN IN COLLABORATION WITH OUR FOOD AND FARM TEAM AND ASSISTS OUR TRAIL CREWS WITH VARIOUS BUILDING AND DESIGN NEEDS. THE PROGRAM AIMS TO CONNECT HIGH SCHOOL STUDENTS WITH APPRENTICESHIPS IN FIELDS THEY IDENTIFY AS PART OF THE PATHWAYS PROGRAM. PATHWAYS PARTICIPANTS RECEIVE SCHOOL CREDIT AS WELL AS A WEEKLY STIPEND.

Name of the organization GREENAGERS, INC.	Employer identification number 46-1728356
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CLUB - COMMUNITY LEARNING IN THE BERKSHIRES: AS COVID-19 NUMBERS SHUTTERED SCHOOLS AROUND THE COUNTY IN 2020, GREENAGERS PARTNERED WITH LOCAL SCHOOL DISTRICTS AND SEVERAL OTHER NONPROFITS IN THE BERKSHIRES TO OFFER A HYBRID LEARNING OPTION FOR WORKING FAMILIES. A SPECIAL FUND WAS SET UP TO CREATE CLUB, WHICH OFFERED LOCAL PARENTS A LOW TO NO-COST REMOTE LEARNING SITE FOR THEIR CHILDREN THAT INCLUDED FULL-DAY SUPERVISION, SKILLED ASSISTANCE WITH SCHOOL-ASSIGNED ACADEMIC WORK AND EXTENSIVE ENRICHMENT. ENROLLMENT WAS PRIORITIZED FOR ESSENTIAL WORKERS AND EMPHASIS WAS PLACED LARGELY ON OUTDOOR EXPERIENTIAL LEARNING AND THE USE OF OUTDOOR CLASSROOMS IN ALL SEASONS. 115 CHILDREN WERE SERVED BETWEEN TWO HOST SITES, GREENAGERS APRIL HILL CONSERVATION AND EDUCATION CENTER AND BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

YURI WHITEHEAD	PETER WHITEHEAD
PATHWAYS DIR	DIRECTOR
FAMILY RELATIONSHIP	

ARETHA WHITEHEAD	PETER WHITEHEAD
ED DIRECTOR	DIRECTOR
FAMILY RELATIONSHIP	

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE BOARD OF DIRECTORS WERE GIVEN COPIES OF FORM 990 TO REVIEW BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

Name of the organization GREENAGERS, INC.	Employer identification number 46-1728356
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THE BOARD OF DIRECTORS REQUIRES AN ANNUAL DECLARATION FROM ALL BOARD MEMBERS AND THE EXECUTIVE DIRECTOR AS TO THE EXISTENCE AND DISCLOSURE OF ANY POTENTIAL CONFLICT OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION FOR THE EXECUTIVE DIRECTOR IS SET BY THE BOARD OF DIRECTORS AT AN ANNUAL MEETING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THESE DOCUMENTS ARE ALSO AVAILABLE ON THE WEBSITE OF THE MASSACHUSETTS ATTORNEY GENERAL.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION

	TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
GA OTHER PROFESSIONAL FEES	\$ 0	\$ 15,201	\$ 0
FUNDRAISING FEES	\$ 0	\$ 0	\$ 2,980
AP OTHER PROFESSIONAL FEES	\$ 11,424	\$ 0	\$ 0
SP CONTRACT SERVICES	\$ 78,228	\$ 0	\$ 0
SUB AWARDS	\$ 140,900	\$ 0	\$ 0
TOTAL			

Name of the organization GREENAGERS, INC.	Employer identification number 46-1728356
--	--

\$ 230,552 \$ 15,201 \$ 2,980

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

EXPENSES NETTED WITH REVENUE ON 990 BUT EXPENSED ON FS \$ 11,464

EXPENSES NETTED WITH REVENUE ON 990 BUT EXPENSED ON FS \$ -11,464

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

GREENAGERS, INC.

Identifying number
46-1728356

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	27,913

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	67
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	4,870
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	32,850
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	▶ 23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 26 Property used more than 50% in a qualified business use: SEE STATEMENT 1 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2021 tax year (see instructions): 43 Amortization of costs that began before your 2021 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
3	Computer - iMac	2/06/13	1,300			1,300	5 HY 200DB	1,300	0
4	Printer	3/19/13	374			374	5 HY 200DB	374	0
5	ATV	12/15/16	1,400		X	700	5 MQ200DB	1,333	67
			<u>3,074</u>			<u>2,374</u>		<u>3,007</u>	<u>67</u>
Other Depreciation:									
8	Land - April Hill	2/01/19	142,659			142,659	0 -- Land	0	0
9	Building - April Hill	2/01/19	98,764			98,764	39 MO S/L	4,854	2,532
11	Propane Furnace	2/06/19	28,595			28,595	39 MO S/L	1,405	734
12	Parking Lot	6/21/19	75,379			75,379	15 MO S/L	7,538	5,025
13	Internet Installation	7/15/19	4,000			4,000	7 MO S/L	857	572
15	Tents	5/18/20	12,458			12,458	15 MO S/L	484	831
16	Greenhouse	10/06/20	9,189			9,189	15 MO S/L	153	613
17	Barn	11/20/20	3,260			3,260	15 MO S/L	18	217
19	Brimar Trailer	9/03/20	6,835			6,835	5 MO S/L	456	1,367
20	Kubota - Salem Farm	8/18/20	37,088			37,088	5 MO S/L	2,473	7,417
22	Window Replacement	11/01/21	3,439			3,439	15 MO S/L	0	38
24	Greenhouse Cooler	7/31/21	15,288			15,288	15 MO S/L	0	425
25	Ford F-350 Superduty-Bacchettis Auto	3/15/21	15,777			15,777	5 MO S/L	0	2,630
26	2007 Mitsubishi FG140 Dump	6/02/21	19,505			19,505	5 MO S/L	0	2,276
27	Portable Generator	3/22/21	1,471			1,471	5 MO S/L	0	221
28	Hudson Forest Equipment Sawmill	4/27/21	10,400			10,400	5 MO S/L	0	1,387
29	Barn Improvements	12/07/21	3,422			3,422	15 MO S/L	0	19
30	Barn Project	1/01/21	87,295			87,295	0 -- Memo	0	0
31	Greenhouse Improvements	7/01/21	30,572			30,572	15 MO S/L	0	1,019
32	Summer Room/Well Improvements	10/01/21	35,400			35,400	15 MO S/L	0	590
	Total Other Depreciation		<u>640,796</u>			<u>640,796</u>		<u>18,238</u>	<u>27,913</u>
	Total ACRS and Other Depreciation		<u>640,796</u>			<u>640,796</u>		<u>18,238</u>	<u>27,913</u>
Listed Property:									
6	Dodge 2500	3/20/18	10,695			10,695	5 MO S/L	5,882	357
	Sold/Scrapped: 3/15/21								
14	2013 E350 Van	3/20/19	13,061			13,061	5 MO S/L	4,571	2,613
18	2009 Chevy Xpress Van	2/03/20	9,500			9,500	5 MO S/L	1,742	1,900
7	Chevy Express Van	4/05/15	9,402			9,402	5 MO S/L	9,402	0
			<u>42,658</u>			<u>42,658</u>		<u>21,597</u>	<u>4,870</u>
	Grand Totals		686,528			685,828		42,842	32,850
	Less: Dispositions and Transfers		10,695			10,695		5,882	357
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>675,833</u>			<u>675,133</u>		<u>36,960</u>	<u>32,493</u>

MA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MA Prior	MA Current	Federal Current	Difference Fed - MA
Prior MACRS:								
3	Computer - iMac	2/06/13	1,300	1,300	1,300	0	0	0
4	Printer	3/19/13	374	374	374	0	0	0
5	ATV	12/15/16	1,400	1,400	1,266	134	67	-67
			<u>3,074</u>	<u>3,074</u>	<u>2,940</u>	<u>134</u>	<u>67</u>	<u>-67</u>
Other Depreciation:								
8	Land - April Hill	2/01/19	142,659	142,659	0	0	0	0
9	Building - April Hill	2/01/19	98,764	98,764	4,854	2,532	2,532	0
11	Propane Furnace	2/06/19	28,595	28,595	1,405	734	734	0
12	Parking Lot	6/21/19	75,379	75,379	7,538	5,025	5,025	0
13	Internet Installation	7/15/19	4,000	4,000	857	572	572	0
15	Tents	5/18/20	12,458	12,458	484	831	831	0
16	Greenhouse	10/06/20	9,189	9,189	153	613	613	0
17	Barn	11/20/20	3,260	3,260	18	217	217	0
19	Brimar Trailer	9/03/20	6,835	6,835	456	1,367	1,367	0
20	Kubota - Salem Farm	8/18/20	37,088	37,088	2,473	7,417	7,417	0
22	Window Replacement	11/01/21	3,439	3,439	0	38	38	0
24	Greenhouse Cooler	7/31/21	15,288	15,288	0	425	425	0
25	Ford F-350 Superduty-Bacchettis Auto	3/15/21	15,777	15,777	0	2,630	2,630	0
26	2007 Mitsubishi FG140 Dump	6/02/21	19,505	19,505	0	2,276	2,276	0
27	Portable Generator	3/22/21	1,471	1,471	0	221	221	0
28	Hudson Forest Equipment Sawmill	4/27/21	10,400	10,400	0	1,387	1,387	0
29	Barn Improvements	12/07/21	3,422	3,422	0	19	19	0
30	Barn Project	1/01/21	87,295	87,295	0	0	0	0
31	Greenhouse Improvements	7/01/21	30,572	30,572	0	1,019	1,019	0
32	Summer Room/Well Improvements	10/01/21	35,400	35,400	0	590	590	0
	Total Other Depreciation		<u>640,796</u>	<u>640,796</u>	<u>18,238</u>	<u>27,913</u>	<u>27,913</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>640,796</u>	<u>640,796</u>	<u>18,238</u>	<u>27,913</u>	<u>27,913</u>	<u>0</u>
Listed Property:								
6	Dodge 2500	3/20/18	10,695	10,695	5,882	357	357	0
	Sold/Scrapped: 3/15/21							
14	2013 E350 Van	3/20/19	13,061	13,061	4,571	2,613	2,613	0
18	2009 Chevy Xpress Van	2/03/20	9,500	9,500	1,742	1,900	1,900	0
7	Chevy Express Van	4/05/15	9,402	9,402	9,402	0	0	0
			<u>42,658</u>	<u>42,658</u>	<u>21,597</u>	<u>4,870</u>	<u>4,870</u>	<u>0</u>
	Grand Totals		686,528	686,528	42,775	32,917	32,850	-67
	Less: Dispositions		10,695	10,695	5,882	357	357	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>675,833</u>	<u>675,833</u>	<u>36,893</u>	<u>32,560</u>	<u>32,493</u>	<u>-67</u>

NY Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NY Prior	NY Current	Federal Current	Difference Fed - NY
Prior MACRS:								
3	Computer - iMac	2/06/13	1,300	1,300	1,300	0	0	0
4	Printer	3/19/13	374	374	374	0	0	0
5	ATV	12/15/16	1,400	1,400	1,266	134	67	-67
			<u>3,074</u>	<u>3,074</u>	<u>2,940</u>	<u>134</u>	<u>67</u>	<u>-67</u>
Other Depreciation:								
8	Land - April Hill	2/01/19	142,659	142,659	0	0	0	0
9	Building - April Hill	2/01/19	98,764	98,764	4,854	2,532	2,532	0
11	Propane Furnace	2/06/19	28,595	28,595	1,405	734	734	0
12	Parking Lot	6/21/19	75,379	75,379	7,538	5,025	5,025	0
13	Internet Installation	7/15/19	4,000	4,000	857	572	572	0
15	Tents	5/18/20	12,458	12,458	484	831	831	0
16	Greenhouse	10/06/20	9,189	9,189	153	613	613	0
17	Barn	11/20/20	3,260	3,260	18	217	217	0
19	Brimar Trailer	9/03/20	6,835	6,835	456	1,367	1,367	0
20	Kubota - Salem Farm	8/18/20	37,088	37,088	2,473	7,417	7,417	0
22	Window Replacement	11/01/21	3,439	3,439	0	38	38	0
24	Greenhouse Cooler	7/31/21	15,288	15,288	0	425	425	0
25	Ford F-350 Superduty-Bacchettis Auto	3/15/21	15,777	15,777	0	2,630	2,630	0
26	2007 Mitsubishi FG140 Dump	6/02/21	19,505	19,505	0	2,276	2,276	0
27	Portable Generator	3/22/21	1,471	1,471	0	221	221	0
28	Hudson Forest Equipment Sawmill	4/27/21	10,400	10,400	0	1,387	1,387	0
29	Barn Improvements	12/07/21	3,422	3,422	0	19	19	0
30	Barn Project	1/01/21	87,295	87,295	0	0	0	0
31	Greenhouse Improvements	7/01/21	30,572	30,572	0	1,019	1,019	0
32	Summer Room/Well Improvements	10/01/21	35,400	35,400	0	590	590	0
	Total Other Depreciation		<u>640,796</u>	<u>640,796</u>	<u>18,238</u>	<u>27,913</u>	<u>27,913</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>640,796</u>	<u>640,796</u>	<u>18,238</u>	<u>27,913</u>	<u>27,913</u>	<u>0</u>
Listed Property:								
6	Dodge 2500	3/20/18	10,695	10,695	5,882	357	357	0
	Sold/Scrapped: 3/15/21							
14	2013 E350 Van	3/20/19	13,061	13,061	4,571	2,613	2,613	0
18	2009 Chevy Xpress Van	2/03/20	9,500	9,500	1,742	1,900	1,900	0
7	Chevy Express Van	4/05/15	9,402	9,402	9,402	0	0	0
			<u>42,658</u>	<u>42,658</u>	<u>21,597</u>	<u>4,870</u>	<u>4,870</u>	<u>0</u>
	Grand Totals		<u>686,528</u>	<u>686,528</u>	<u>42,775</u>	<u>32,917</u>	<u>32,850</u>	<u>-67</u>
	Less: Dispositions		<u>10,695</u>	<u>10,695</u>	<u>5,882</u>	<u>357</u>	<u>357</u>	<u>0</u>
	Less: Start-up/Org Expense		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Net Grand Totals		<u>675,833</u>	<u>675,833</u>	<u>36,893</u>	<u>32,560</u>	<u>32,493</u>	<u>-67</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
3	Computer - iMac	2/06/13	1,300			1,300	5 HY 200DB	1,300	0
4	Printer	3/19/13	374			374	5 HY 200DB	374	0
5	ATV	12/15/16	1,400		X	700	5 MQ200DB	1,333	67
			<u>3,074</u>			<u>2,374</u>		<u>3,007</u>	<u>67</u>
Other Depreciation:									
8	Land - April Hill	2/01/19	0			0	0 HY	0	0
9	Building - April Hill	2/01/19	98,764			98,764	39 MO S/L	4,854	2,532
11	Propane Furnace	2/06/19	28,595			28,595	39 MO S/L	1,405	734
12	Parking Lot	6/21/19	75,379			75,379	15 MO S/L	7,538	5,025
13	Internet Installation	7/15/19	4,000			4,000	7 MO S/L	857	572
15	Tents	5/18/20	0			0	0 HY	0	0
16	Greenhouse	10/06/20	0			0	0 HY	0	0
17	Barn	11/20/20	0			0	0 HY	0	0
19	Brimar Trailer	9/03/20	0			0	0 HY	0	0
20	Kubota - Salem Farm	8/18/20	0			0	0 HY	0	0
22	Window Replacement	11/01/21	3,439			3,439	15 MO S/L	0	38
24	Greenhouse Cooler	7/31/21	15,288			15,288	15 MO S/L	0	425
25	Ford F-350 Superduty-Bacchettis Auto	3/15/21	15,777			15,777	5 MO S/L	0	2,630
26	2007 Mitsubishi FG140 Dump	6/02/21	19,505			19,505	5 MO S/L	0	2,276
27	Portable Generator	3/22/21	0			0	0 HY	0	0
28	Hudson Forest Equipment Sawmill	4/27/21	0			0	0 HY	0	0
29	Barn Improvements	12/07/21	0			0	0 HY	0	0
30	Barn Project	1/01/21	0			0	0 HY	0	0
31	Greenhouse Improvements	7/01/21	0			0	0 HY	0	0
32	Summer Room/Well Improvements	10/01/21	0			0	0 HY	0	0
	Total Other Depreciation		<u>260,747</u>			<u>260,747</u>		<u>14,654</u>	<u>14,232</u>
	Total ACRS and Other Depreciation		<u>260,747</u>			<u>260,747</u>		<u>14,654</u>	<u>14,232</u>
Listed Property:									
6	Dodge 2500	3/20/18	10,695			10,695	5 MO S/L	5,882	357
	Sold/Scrapped: 3/15/21								
14	2013 E350 Van	3/20/19	13,061			13,061	5 MO S/L	4,571	2,613
18	2009 Chevy Xpress Van	2/03/20	0			0	0 HY	0	0
7	Chevy Express Van	4/05/15	0			0	0 HY	0	0
			<u>23,756</u>			<u>23,756</u>		<u>10,453</u>	<u>2,970</u>
	Grand Totals		<u>287,577</u>			<u>286,877</u>		<u>28,114</u>	<u>17,269</u>
	Less: Dispositions and Transfers		<u>10,695</u>			<u>10,695</u>		<u>5,882</u>	<u>357</u>
	Net Grand Totals		<u>276,882</u>			<u>276,182</u>		<u>22,232</u>	<u>16,912</u>

Bonus Depreciation Report**Form 990, Page 1**

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Bonus</u>	<u>Prior Bonus</u>	<u>Tax - Basis for Depr</u>
5	ATV	12/15/16	1,400		0	0	700	700
		Grand Total	<u>1,400</u>		<u>0</u>	<u>0</u>	<u>700</u>	<u>700</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	3	Computer - iMac	0	0	0
Page 1	1	4	Printer	0	0	0
Page 1	1	5	ATV	67	67	0
				<u>67</u>	<u>67</u>	<u>0</u>
				<u>67</u>	<u>67</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
3	Computer - iMac	2/06/13	1,300	0	0
4	Printer	3/19/13	374	0	0
5	ATV	12/15/16	1,400	0	0
			<u>3,074</u>	<u>0</u>	<u>0</u>
Other Depreciation:					
8	Land - April Hill	2/01/19	142,659	0	0
9	Building - April Hill	2/01/19	98,764	2,533	2,533
11	Propane Furnace	2/06/19	28,595	733	733
12	Parking Lot	6/21/19	75,379	5,025	5,025
13	Internet Installation	7/15/19	4,000	571	571
15	Tents	5/18/20	12,458	831	0
16	Greenhouse	10/06/20	9,189	612	0
17	Barn	11/20/20	3,260	218	0
19	Brimar Trailer	9/03/20	6,835	1,367	0
20	Kubota - Salem Farm	8/18/20	37,088	7,418	0
22	Window Replacement	11/01/21	3,439	229	229
24	Greenhouse Cooler	7/31/21	15,288	1,019	1,019
25	Ford F-350 Superduty-Bacchettis Auto	3/15/21	15,777	3,155	3,155
26	2007 Mitsubishi FG140 Dump	6/02/21	19,505	3,901	3,901
27	Portable Generator	3/22/21	1,471	294	0
28	Hudson Forest Equipment Sawmill	4/27/21	10,400	2,080	0
29	Barn Improvements	12/07/21	3,422	228	0
30	Barn Project	1/01/21	87,295	0	0
31	Greenhouse Improvements	7/01/21	30,572	2,038	0
32	Summer Room/Well Improvements	10/01/21	35,400	2,360	0
	Total Other Depreciation		<u>640,796</u>	<u>34,612</u>	<u>17,166</u>
	Total ACRS and Other Depreciation		<u>640,796</u>	<u>34,612</u>	<u>17,166</u>
Listed Property:					
14	2013 E350 Van	3/20/19	13,061	2,612	2,612
18	2009 Chevy Xpress Van	2/03/20	9,500	1,900	0
7	Chevy Express Van	4/05/15	9,402	0	0
			<u>31,963</u>	<u>4,512</u>	<u>2,612</u>
	Grand Totals		<u>675,833</u>	<u>39,124</u>	<u>19,778</u>

Asset	Description	Date In Service	Cost	MA
Prior MACRS:				
3	Computer - iMac	2/06/13	1,300	0
4	Printer	3/19/13	374	0
5	ATV	12/15/16	1,400	0
			<u>3,074</u>	<u>0</u>
Other Depreciation:				
8	Land - April Hill	2/01/19	142,659	0
9	Building - April Hill	2/01/19	98,764	2,533
11	Propane Furnace	2/06/19	28,595	733
12	Parking Lot	6/21/19	75,379	5,025
13	Internet Installation	7/15/19	4,000	571
15	Tents	5/18/20	12,458	831
16	Greenhouse	10/06/20	9,189	612
17	Barn	11/20/20	3,260	218
19	Brimar Trailer	9/03/20	6,835	1,367
20	Kubota - Salem Farm	8/18/20	37,088	7,418
22	Window Replacement	11/01/21	3,439	229
24	Greenhouse Cooler	7/31/21	15,288	1,019
25	Ford F-350 Superduty-Bacchettis Auto	3/15/21	15,777	3,155
26	2007 Mitsubishi FG140 Dump	6/02/21	19,505	3,901
27	Portable Generator	3/22/21	1,471	294
28	Hudson Forest Equipment Sawmill	4/27/21	10,400	2,080
29	Barn Improvements	12/07/21	3,422	228
30	Barn Project	1/01/21	87,295	0
31	Greenhouse Improvements	7/01/21	30,572	2,038
32	Summer Room/Well Improvements	10/01/21	35,400	2,360
	Total Other Depreciation		<u>640,796</u>	<u>34,612</u>
	Total ACRS and Other Depreciation		<u>640,796</u>	<u>34,612</u>
Listed Property:				
14	2013 E350 Van	3/20/19	13,061	2,612
18	2009 Chevy Xpress Van	2/03/20	9,500	1,900
7	Chevy Express Van	4/05/15	9,402	0
			<u>31,963</u>	<u>4,512</u>
	Grand Totals		<u>675,833</u>	<u>39,124</u>

Asset	Description	Date In Service	Cost	NY
Prior MACRS:				
3	Computer - iMac	2/06/13	1,300	0
4	Printer	3/19/13	374	0
5	ATV	12/15/16	1,400	0
			<u>3,074</u>	<u>0</u>
Other Depreciation:				
8	Land - April Hill	2/01/19	142,659	0
9	Building - April Hill	2/01/19	98,764	2,533
11	Propane Furnace	2/06/19	28,595	733
12	Parking Lot	6/21/19	75,379	5,025
13	Internet Installation	7/15/19	4,000	571
15	Tents	5/18/20	12,458	831
16	Greenhouse	10/06/20	9,189	612
17	Barn	11/20/20	3,260	218
19	Brimar Trailer	9/03/20	6,835	1,367
20	Kubota - Salem Farm	8/18/20	37,088	7,418
22	Window Replacement	11/01/21	3,439	229
24	Greenhouse Cooler	7/31/21	15,288	1,019
25	Ford F-350 Superduty-Bacchettis Auto	3/15/21	15,777	3,155
26	2007 Mitsubishi FG140 Dump	6/02/21	19,505	3,901
27	Portable Generator	3/22/21	1,471	294
28	Hudson Forest Equipment Sawmill	4/27/21	10,400	2,080
29	Barn Improvements	12/07/21	3,422	228
30	Barn Project	1/01/21	87,295	0
31	Greenhouse Improvements	7/01/21	30,572	2,038
32	Summer Room/Well Improvements	10/01/21	35,400	2,360
	Total Other Depreciation		<u>640,796</u>	<u>34,612</u>
	Total ACRS and Other Depreciation		<u>640,796</u>	<u>34,612</u>
Listed Property:				
14	2013 E350 Van	3/20/19	13,061	2,612
18	2009 Chevy Xpress Van	2/03/20	9,500	1,900
7	Chevy Express Van	4/05/15	9,402	0
			<u>31,963</u>	<u>4,512</u>
	Grand Totals		<u>675,833</u>	<u>39,124</u>

Form 990	Two Year Comparison Report	2020 & 2021
For calendar year 2021, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

GREENAGERS, INC.

46-1728356

		2020	2021	Differences
R e v e n u e	1. Contributions, gifts, grants	1. 921,404	771,111	-150,293
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 174,860	175,196	336
	4. Program service revenue	4. 271,669	444,327	172,658
	5. Investment income	5. 10,001	18,472	8,471
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 14,231	7,151	-7,080
	8. Net income or (loss) from fundraising events	8.	125,386	125,386
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 26,233	3,590	-22,643
	12. Total revenue. Add lines 1 through 11	12. 1,418,398	1,545,233	126,835
E x p e n s e s	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 63,000	70,308	7,308
	16. Salaries, other compensation, and employee benefits	16. 493,214	578,192	84,978
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 232,304	268,138	35,834
	19. Occupancy, rent, utilities, and maintenance	19. 67,717	108,148	40,431
	20. Depreciation and Depletion	20. 21,605	32,827	11,222
	21. Other expenses	21. 165,698	171,564	5,866
	22. Total expenses. Add lines 13 through 21	22. 1,043,538	1,229,177	185,639
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 374,860	316,056	-58,804
O t h e r I n f o r m a t i o n	24. Total exempt revenue	24. 1,418,398	1,545,233	126,835
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 322,134	473,540	151,406
	27. Total assets	27. 1,917,561	2,212,462	294,901
	28. Total liabilities	28. 116,477	44,731	-71,746
	29. Retained earnings	29. 1,801,084	2,167,731	366,647
	30. Number of voting members of governing body	30. 8	9	
31. Number of independent voting members of governing body	31. 8	9		
32. Number of employees	32. 52	66		
33. Number of volunteers	33. 24	47		

Form 990	Tax Return History	2021
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Name GREENAGERS, INC.	Employer Identification Number 46-1728356
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	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants		1,242,277	567,642	1,096,264	946,307	
Membership dues						
Program service revenue		187,083	215,915	271,669	444,327	
Capital gain or loss			2,306	14,231	7,151	
Investment income		171	11,831	10,001	18,472	
Fundraising revenue (income/loss)					125,386	
Gaming revenue (income/loss)						
Other revenue		1,690	3,686	26,233	3,590	
Total revenue		1,431,221	801,380	1,418,398	1,545,233	
Grants and similar amounts paid		2,320	1,150			
Benefits paid to or for members						
Compensation of officers, etc.		36,791	50,000	63,000	70,308	
Other compensation		254,903	304,037	493,214	578,192	
Professional fees		31,131	69,296	232,304	268,138	
Occupancy costs		8,339	13,052	67,717	108,148	
Depreciation and depletion		4,133	15,166	21,605	32,827	
Other expenses		65,476	144,768	165,698	171,564	
Total expenses		403,093	597,469	1,043,538	1,229,177	
Excess or (Deficit)		1,028,128	203,911	374,860	316,056	
Total exempt revenue		1,431,221	801,380	1,418,398	1,545,233	
Total unrelated revenue						
Total excludable revenue		188,944	233,738	322,134	473,540	
Total Assets		1,159,860	1,393,591	1,917,561	2,212,462	
Total Liabilities		42,480	26,518	116,477	44,731	
Net Fund Balances		1,117,380	1,367,073	1,801,084	2,167,731	

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 138		14			
TOTAL	\$ 138					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDEND INCOME	\$ 18,334		14			
TOTAL	\$ 18,334					

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
GA OTHER PROFESSIONAL FEES	\$ 15,201	\$	\$ 15,201	\$
FUNDRAISING FEES	2,980			2,980
AP OTHER PROFESSIONAL FEES	11,424	11,424		
SP CONTRACT SERVICES	78,228	78,228		
SUB AWARDS	140,900	140,900		
TOTAL	<u>\$ 248,733</u>	<u>\$ 230,552</u>	<u>\$ 15,201</u>	<u>\$ 2,980</u>

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
CW FILING FEES	\$ 6,921	\$ 6,921	\$	\$
FR RENTAL FEES	5,176			5,176
AH TOOLS & SUPPLIES	4,865	4,865		
GA TOOLS & SUPPLIES	4,560		4,560	
AP CREDIT CARD/BANK FEES	4,410	4,410		
CW STAFF DEVELOPMENT	3,628	3,628		
SP CREDIT CARDS/BANK FEES	2,670	2,670		
FR TOOLS	866			866
GA STAFF TRAINING	449		449	
SP STAFF DEVELOPMENT	339	339		
GA TOLLS	16		16	
TOTAL	<u>\$ 33,900</u>	<u>\$ 22,833</u>	<u>\$ 5,025</u>	<u>\$ 6,042</u>

Federal Statements**Schedule A, Part II, Line 1(e)**DescriptionAmount

STATE GRANTS	\$ 168,196
LOCAL GRANTS	7,000
INDIVID/SMALL BUSINESS CONTR.	271,704
CORPORATE CONTRIBUTIONS	4,400
OTHER NONPROFITS	5,350
AH RESTRICTED CONTRIBUTION	28,661
FOUNDATION/TRUST GRANTS	311,930
CONTRIBUTIONS	31,179
GRANTS	117,887
TOTAL	<u>\$ 946,307</u>

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
	\$ 571,272	\$ 487,532
	180,000	96,260
	185,000	101,260
	210,000	126,260
	100,000	16,260
	50,000	
	205,000	121,260
	77,100	
	92,213	8,473
TOTAL	\$ <u>1,670,585</u>	\$ <u>957,305</u>

Federal Statements

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
INTEREST INCOME	\$ 138
DIVIDEND INCOME	18,334
APRIL HILL RENTAL	37,150
TOTAL	<u>\$ 55,622</u>

Schedule A, Part II, Line 9(e)

<u>Description</u>	<u>Amount</u>
EVENT SPONSORSHIP	\$ 220
MISCELLANEOUS	28
LESS: DEDUCTIONS	-1,000
TOTAL	<u>\$ -752</u>

Schedule A, Part II, Line 10(e)

<u>Description</u>	<u>Amount</u>
GA OTHER REVENUE	\$ 952
T-SHIRT SALES	40
OTHER RENTAL	2,250
EVENT TICKET SALES	100
TOTAL	<u>\$ 3,342</u>

Federal Statements**Schedule A, Part II, Line 12 - Current year**DescriptionAmount

PROGRAM INCOME	\$ 6,206
CW WORK CREW CONTRACTS	217,489
SCHOOL PROGRAMS	159,777
TRAIL MANAGEMENT CONTRACTS	9,011
FLF GARDEN FEE	12,750
AH WORKSHOPS & EVENTS	1,944
YO YO MA EVENT	136,850
TOTAL	<u>\$ 544,027</u>

Federal Statements**Yo Yo Ma event****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
PRINTING & PUBLICATION	\$ 2,150
ADVERTISING	5,943
TOTAL	<u>\$ 8,093</u>

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning _____, and ending _____

46-1728356

GREENAGERS, INC.

Net Asset / Fund Balance at Beginning of Year 1,801,084

Revenue

Contributions	946,307
Program service revenue	444,327
Investment income	18,472
Capital gain / loss	7,151

Fundraising / Gaming:

Gross revenue	136,850
Direct expenses	11,464

Net income	125,386
Other income	3,590

Total revenue

1,545,233

Expenses

Program services	986,750
Management and general	198,614
Fundraising	43,813

Total expenses

1,229,177

Excess / (deficit)

316,056

Changes

50,591

Net Asset / Fund Balance at End of Year

2,167,731

Reconciliation of Revenue

Total revenue per financial statements 1,604,716

Less:

Unrealized gains	50,591
Donated services	_____
Recoveries	_____
Other	11,464

Plus:

Investment expenses	2,572
Other	_____

Total revenue per return

1,545,233

Reconciliation of Expenses

Total expenses per financial statements 1,238,069

Less:

Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	11,464

Plus:

Investment expenses	2,572
Other	_____

Total expenses per return

1,229,177

Balance Sheet

	Beginning	Ending	Differences
Assets	1,917,561	2,212,462	
Liabilities	116,477	44,731	
Net assets	1,801,084	2,167,731	366,647

Miscellaneous Information

Amended return _____

Return / extended due date 11/15/22

Failure to file penalty _____