Form **8868**

(Rev. January 2024)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

	nic filing (e-file). You can electronically file Form 8868 to			-		
	elow except for Form 8870, Information Return for Transfe					
-	for Form 8870 must be sent to the IRS in a paper format (-	ctions). For more details on the elect	ronic filino	g of Form	
	sit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p					
Caution	: If you are going to make an electronic funds withdrawal (direct deb	it) with this Form 8868, see Form 84	53-TE and	d Form 8879-TE f	or payment
instruct	ons.					
All corp	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMIC	s, and trusts	
must us	e Form 7004 to request an extension of time to file income	e tax returi	ns.			
Part I -	Identification					
Type or	Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpaye	r identification nu	ımber (TIN)
Print						
File by the	GROW IT GREEN MORRISTOWN, I	NC.			26-4560	703
due date fo	or Number, street, and room or suite no. If a P.O. box, so	ee instruct	ions.			
filing your return. See	26 W. PARK PLACE FL 3					
instruction	s. City, town or post office, state, and ZIP code. For a fo	reign addr	ress, see instructions.			
	MORRISTOWN, NJ 07960					
Enter th	e Return Code for the return that this application is for (file	e a separat	e application for each return)			01
Applica	tion Is For	Return	Application Is For			Return
		Code				Code
Form 99	00 or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 47	'20 (individual)	03	Form 5227			10
Form 99	90-PF	04	Form 6069	11		
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
Form 99	90-T (trust other than above)	06	Form 5330 (individual)			13
Form 99	90-T (corporation)	07	Form 5330 (other than individual)			14
Form 10		08				
• If this	you enter your Return Code, complete either Part II or Part file Form 5330. application is for an extension of time to file Form 5330, y lan Name			Thy for all	exterision of	
Р	an Number					
Р	an Year Ending (MM/DD/YYYY)					
Part II -	Automatic Extension of Time To File for Exempt Organi	izations (s	ee instructions)			
	pooks are in the care of LISA ALEXANDER		•			
		FL 3	- MORRISTOWN, NJ 0	7960		
Teler	phone No. 973-206-4177		Fax No.			
• If the	organization does not have an office or place of business	in the Uni	ted States, check this box			
	s is for a Group Return, enter the organization's four-digit (
box	. If it is for part of the group, check this box	_	ch a list with the names and TINs of			
1 In	request an automatic 6-month extension of time until				npt organization i	
	e organization named above. The extension is for the orga				. 0	
X	calendar year 20 23 or					
Γ		. 20	, and ending			, 20
_		,	,			,
2 If	the tax year entered in line 1 is for less than 12 months, cl Change in accounting period	heck reasc	on: Initial return	Final retur	rn	
3a If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			
_	ny nonrefundable credits. See instructions.			3a	\$	0.
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
es	stimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.
с В	alance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by			
us	sing EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3с	\$	0.

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 3202700

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

A For the 2023 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change GROW IT GREEN MORRISTOWN, INC. Name change 26-4560703 Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ termin-ated 26 W. PARK PLACE FL 3 973-206-4177 435,705. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 07960 MORRISTOWN, NJ H(a) Is this a group return Applica-tion pending F Name and address of principal officer: LISA ALEXANDER Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.GROWITGREENMORRISTOWN.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Other L Year of formation: 2009 M State of legal domicile: NJ Association Part I Summary Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO PROMOTE **Activities & Governance** COMMUNITY HEALTH THROUGH URBAN AGRICULTURE, DISCOVERY-BASED LEARNING if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 20 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 327,435. 271,643. Contributions and grants (Part VIII, line 1h) 8 109,261. 111,594. Program service revenue (Part VIII, line 2g) 378. 4,633. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 23,100. 36,045. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 460,174 423,915. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 231,108. 277,532. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 124,253. 107,258. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 384,790. 355,361. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 104,813. 39,125. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 608,753. 651,925. Total assets (Part X, line 16) 8,872. 12,919 21 Total liabilities (Part X, line 26) 三年 599,881. 639,006 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perguently 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. Signature of officer Date Sign ISA ALEXANDER, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 11/14/24 P02438051 TARA DEL GAVIO TARA DEL GAVIO self-employed Paid CLIFTONLARSONALLEN LLP Firm's name Firm's EIN 41-0746749 Preparer Firm's address 293 EISENHOWER PARKWAY, 2ND FLOOR Use Only Phone no. 973-994-9494 LIVINGSTON, NJ 07039 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	OUR MISSION IS TO PROMOTE COMMUNITY HEALTH THROUGH URBAN AGRICULTURE,
	DISCOVERY-BASED LEARNING AND EQUITABLE FOOD ACCESS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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.
7	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. (Code:) (Expenses \$ 286,805 · including grants of \$) (Revenue \$ 111,594 ·
4a	
	GROW IT GREEN DEVELOPS SOLUTIONS TO CREATE A SUSTAINABLE, CONNECTED AND
	HEALTHY COMMUNITY THROUGH OUR SITES, THE URBAN FARM, EARLY STREET
	COMMUNITY GARDEN, THE GREENHOUSE AT ST. ELIZABETH UNIVERSITY AND THE
	MORRIS WINTER FARMERS MARKET. GROW IT GREEN PROGRAMMING INCLUDES AN
	ELEMENT OF LEARNING FOR ALL AGES IN OUR OUTDOOR GREEN SPACES AND IN
	SCHOOL CLASSROOMS.
	URBAN FARM PROGRAM SERVICE ACCOMPLISHMENTS:
	-IMPLEMENTED MULTIPLE NEW SUSTAINABLE FARM PRACTICES TO ADDRESS
	ENVIRONMENTAL IMPACTS, REDUCE OUR CARBON FOOTPRINT, REDUCE WATER USAGE
	AND FIND INNOVATIVE WAYS TO PROVIDE NEW VARIETIES AND A BOUNTY OF FRESH
	FOOD.
	-ENCOURAGED DEVELOPMENT OF PRACTICAL SKILLS FOR 12 PAID HIGH SCHOOL AND
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	EARLY STREET COMMUNITY GARDEN PROGRAM SERVICE ACCOMPLISHMENTS:
	THE GARDEN AND SURROUNDING PARKLET WAS A VITAL RESPITE WITH COMMUNITY
	GARDEN BEDS AND WELCOMING GREEN SPACES WHILE ALSO SERVING AS A MODEL OF
	SUSTAINABLE PUBLIC SPACES ENCOURAGING POLLINATORS AND PREVENTING STORM
	WATER DAMAGE. TO CREATE A MORE WELCOMING EXPERIENCE FOR THE PUBLIC IN
	THIS SPACE, WE PUSHED BACK THE FENCES AND INCREASED THE FRONT PARKLET
	SPACE WITH PLANS TO CREATE OPPORTUNITIES FOR THE GROUPS OF STUDENTS
	FROM NEIGHBORING SCHOOLS AND SENIORS AND RESIDENTS FROM NEIGHBORING LOW
	INCOME HOUSING TO UTILIZE THIS URBAN OASIS TO APPRECIATE THE HEALTH
	BENEFITS OF GREEN SPACES AND FRESH FOOD.
	EARLY STREET COMMUNITY GARDEN PROGRAM SERVICE ACCOMPLISHMENTS:
	- EXPANDED THE PARKLET AND GARDEN, A VITAL RESPITE WITH OVER 80 GARDEN
4c	(Code:) (Expenses \$
	GREENHOUSE OPERATIONS AND WINTER FARMERS MARKET
	- THE GREENHOUSE, LOCATED AT ST. ELIZABETH UNIVERSITY, IS OPEN TO
	STUDENTS FOR EDUCATIONAL CLASSES, INTERNSHIPS AND VOLUNTEER
	OPPORTUNITIES
	- STARTED VEGETABLE, FLOWER AND HERB SEEDLINGS FOR THE URBAN FARM AND
	COMMUNITY MEMBERS AND GARDENERS TO INCREASE LOCAL FOOD PRODUCTION AND
	ENCOURAGE THE MENTAL AND PHYSICAL HEALTH BENEFITS OF GARDENING AND
	OFFER A MEANS TO GROW FOOD DURING HIGH INFLATION PRICES
	- MANAGED 10TH ANNUAL WINTER MARKET AT A MORE CONVENIENT AND ACCESSIBLE
	SPACE. THE LARGER SPACE PROVIDED OVER 50 FARMERS, RANCHERS AND CREATORS
	A PLACE TO SELL, INCREASED OUTREACH TO MINORITY AND WOMAN OWNED
	VENDORS, AND OFFERED NONPROFITS A MEANS TO CONNECT WITH COMMUNITY
<i></i>	
40	Other program services (Describe on Schedule O.)
4 -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 286,805.
40	Total program service expenses 286,805.

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
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?			٦,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- "		_ -
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_ 		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		-23
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
۵.	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		17
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form	990 (2023) GROW IT GREEN MORRISTOWN, INC. 26-4560	703	Р	age 4
Pai	T 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			3,7
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			₩.
04 -	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		Х
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
ام	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		21
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			

	Check it Schedule O contains a response or note to any line in this Part V						ı
					Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	3				Ī
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	ole gaming				
	(gambling) winnings to prize winners?			10	x		

332004 12-21-23

Form **990** (2023)

O23) GROW IT GREEN MORRISTOWN, INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a						
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
_	organization is licensed to issue qualified health plans That the amount of receives an head							
C 1/12	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
14a		14a 14b						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14D						
15		15		Х				
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	10		-23				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
.0	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							
	• •							

332005 12-21-23

Form **990** (2023)

GROW IT GREEN MORRISTOWN, INC. 26-4560703 Form 990 (2023) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 14 **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. 14 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **NJ** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2023)

07960

LISA ALEXANDER - 973-206-4177

W. PARK PLACE FL 3, MORRISTOWN, NJ

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average	(C) Position (do not check more than one				1		(D) Reportable	(E) Reportable	(F) Estimated		
	hours per week	box	not c , unle: cer ar	ss per	rson i	s both	n an	compensation	compensation from related	amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations		
(1) LISA ALEXANDER	40.00	1										
EXECUTIVE DIRECTOR	<u> </u>			Х				56,813.	0.	0.		
(2) TOM MULLIGAN	5.00	ļ		l								
TREASURER	F 00	Х		Х				0.	0.	0.		
(3) JEFF BEYER VICE PRESIDENT	5.00	X		х				0.	0.	0.		
(4) BRIAN BONANNO	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(5) EMMANUELLE FLEURINOR	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(6) KATIE CRAWFORD	5.00											
SECRETARY		Х		Х				0.	0.	0.		
(7) CHANTAL TAYLOR	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(8) BOB NISH	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(9) SHREYAS GUPTE	5.00											
CO CHAIR		Х		Х				0.	0.	0.		
(10) BILL COLE	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(11) JENNIFER PONDER	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(12) VILMA VELEZ-MANNING	1.00								_	_		
BOARD MEMBER		Х						0.	0.	0.		
(13) CHRISTINE VOLINSKY	1.00								_	_		
BOARD MEMBER		Х						0.	0.	0.		
(14) SAMANTHA ROTHMAN	1.00								_	_		
BOARD MEMBER		Х						0.	0.	0.		
(15) MARTHA FLYNN	5.00	l										
CO CHAIR		Х		Х				0.	0.	0.		
										= 000 (aaaa)		

Form **990** (2023)

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)					(D) (E)				(F)			
	Name and title	Average				Position to not check more than one			Reportable	Reportable		Est	imate	∍d
		hours per	box	, unle	ss per	rson i	s both	n an	compensation compensatio			amo	ount	of
		week		cer ar	ia a a	d a director/trustee)			from from related			C	ther	
		(list any	ector						the	organizations		comp		
		hours for	or dir	يو			ated		organization	(W-2/1099-MISC	/د		m the	
		related	stee	truste			bens		(W-2/1099-MISC/	1099-NEC)		•	nizati	
		organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)				relate	
		line)	divid	it ati	Officer	/ em /	t ploy	Former				orgar	nizatio	ons
		11110)	Ĕ	Ĕ	JO.	Ş.	ぎも	요			\dashv			
											\neg			
											\dashv			
			1											
				-		-	\vdash				\dashv			
				_							\dashv			
											\dashv			
1b	Subtotal	•			•				56,813.		0.			0.
c	Total from continuation sheets to Part VI	Section A							0.		0.			0.
	Total (add lines 1b and 1c)								56,813.		0.			0.
2	Total number of individuals (including but no										<u> 1</u>			
_	compensation from the organization	or invited to the	000	11000	u u.	,000	, ***	010	,ocived more than \$100,	occ or reportable				0
	compensation from the organization											١,	Yes	No
2	Did the executation list any former officer	divactor to lot	ا ۵۰		امصما			hia	haat aammanaatad amal	0.400 00	ſ			110
3	Did the organization list any former officer,										- 1			v
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150),000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4		Х
5	Did any person listed on line 1a receive or a	ccrue comper	ısati	on fr	om	any	unre	elate	ed organization or individ	lual for services				
	rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch <u>ı</u>	oers	on .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	ensat	ion fror	n	
	the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)	_							(B)			(C))	
	Name and business	address	NO	ONE	3				Description of s	ervices	С	ompen:	satio	n
	Name and business address NONE Description of services Co													
								T						
2	Total number of independent contractors (in	ncludina but n	ot lir	niter	to t	thos	se lis	ted	above) who received mo	ore than				
-			111			11100		.54						

Form **990** (2023)

Form 990 (2023) GROW IT
Part VIII Statement of Revenue

Total revenue Related or exempt function revenue busines	(C) (D) elated Revenue excluded from tax under
function revenue busines	s revenue from tax under
	sections 512 - 514
១ ១ 1 a Federated campaigns	
F 3	
b Membership dues 1b 1c 20,649.	
c Fundraising events 1c 20,649.	
d Related organizations 1d	
e Government grants (contributions)	
f All other contributions, gifts, grants, and	
similar amounts not included above 1f 250,994.	
g Noncash contributions included in lines 1a-1f 1g \$	
Business Code	
8 2 a EDUCATIONAL PROGRAM 900099 111,594. 111,594.	
(Ž o b	
2 a EDUCATIONAL PROGRAM b c c d e f All other program service revenue	
d	
Б ^С е	
f All other program service revenue	
g Total. Add lines 2a-2f	
3 Investment income (including dividends, interest, and	
other similar amounts) 4 , 633 .	4,633.
4 Income from investment of tax-exempt bond proceeds	
5 Royalties	
(i) Real (ii) Personal	
6 a Gross rents 6a	
b Less: rental expenses 6b	
c Rental income or (loss) 6c	
al Not vental income ou (loss)	
7 a Gross amount from sales of (i) Securities (ii) Other	
assets other than inventory 7a	
b Less: cost or other basis	
and sales expenses 7b	
c Gain or (loss) 7c	
and sales expenses 7b 7c 7c 7c 7c 8 a Gross income from fundraising events (not	
including \$ of	
contributions reported on line 1c). See	
Part IV, line 18	
b Less: direct expenses 8b 11,790.	26.245
c Net income or (loss) from fundraising events 36,045.	36,045.
9 a Gross income from gaming activities. See	
Part IV, line 199a	
b Less: direct expenses9b	
c Net income or (loss) from gaming activities	
10 a Gross sales of inventory, less returns	
and allowances10a	
b Less: cost of goods sold 10b	
c Net income or (loss) from sales of inventory	
Business Code	
9 o 11 a	
b	
The state of the s	
d All other revenue	
e Total. Add lines 11a-11d	
12 Total revenue. See instructions 423,915. 111,594.	0. 40,678.

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 (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 56,813. 17,044. 22,725. 17,044. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 196,448. 173,156. 5,682. 17,610. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 2,722. 24,271. 18,228. 3,321 10 Payroll taxes Fees for services (nonemployees): Management Legal 20,767. 20,767. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 2,357. 2,200. 157 Advertising and promotion 12 4,864. 4,128. 707. Office expenses 13 Information technology 14 15 Royalties 1,091. 1,091. 16 Occupancy 1,815. 1,808. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 15,886. 15,886. Depreciation, depletion, and amortization 22 6,439. 6,093. 346. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 22,899. 19,263. 3,584. 52. SUPPLIES & TOOLS EQUIPMENT AND MAINTENAN 21,807. 20,342. 1,075. 390. 3,728. 2,225. 1,503. FEES 2,716. 2,716. d AUTO EXPENSES 2,889. 2,625. 109. 155. All other expenses 384,790. 286,805. 57,371. 40,614. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form **990** (2023)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			325,501.	1	181,480.
	2	Savings and temporary cash investments			249,381.	2	454,013.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,553.	4	1,000.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial co	ontributor, or 35%			
		controlled entity or family member of any of the	nese perso	ns		5	
	6	Loans and other receivables from other disqu	alified pers	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a	73,918. 58,486.			
	b	Less: accumulated depreciation	10b	58,486.	31,318.	10c	15,432
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15	4-1 44-		
	16	Total assets. Add lines 1 through 15 (must e			608,753.	16	651,925
	17	Accounts payable and accrued expenses	8,872.	17	12,919		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or fo					
≣		trustee, key employee, creator or founder, sul		·			
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	,	·		0.5	
	26	of Schedule D			8,872.	25 26	12,919.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c	hook bore	X	0,012.	20	12,515
S		and complete lines 27, 28, 32, and 33.	neck nere	. [2]			
ž	27	• • • •			557,944.	27	595,958.
ala	28				41,937.	28	43,048.
<u> </u>	20	Organizations that do not follow FASB ASC			11/33/1	20	13,010.
Ē		and complete lines 29 through 33.	7 550, 0110				
ъ	29	Capital stock or trust principal, or current fund	de			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
15S	31	Retained earnings, endowment, accumulated		Г		31	
Net Assets or Fund Balances	32				599,881.	32	639,006.
Ž	33	Total liabilities and net assets/fund balances	608,753.	33	651,925.		
	_ 00	Total habilities and het assets/fully palatices			000,700	- 00	Form 990 (2023

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1 2 3	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	1 2 3	38 3	3,9 4,7 9,1 9,8	90. 25.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	63	9,0	06.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.		Yes	No				
2a	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: X Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis								
С	, , , , , , , , , , , , , , , , , , , ,	•							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				7.7				
_	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ed audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	990	(2023)				
			Form	330	(2023)				

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Open to Public

Employer identification number

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

Name of the organization

Open to Public Inspection

OMB No. 1545-0047

GROW IT GREEN MORRISTOWN, 26-4560703 INC. Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	239,981.	268,263.	371,103.	327,435.	261,168.	1467950.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	239,981.	268,263.	371,103.	327,435.	261,168.	1467950.
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)						400,638.
6	Public support. Subtract line 5 from line 4.						1067312.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	239,981.	268,263.	371,103.	327,435.	261,168.	1467950.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	112.	60.	138.	378.	4,633.	5,321.
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.)	23,604.	5,038.	28,204.	23,100.	46,520.	126,466.
11	Total support. Add lines 7 through 10				,		1599737.
	Gross receipts from related activities,	etc. (see instruction	ins)			12	455,209.
	First 5 years. If the Form 990 is for the	•	,			01(c)(3)	
	organization, check this box and stor						
Sec	tion C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	66.72 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	70.43 %
	33 1/3% support test - 2023. If the o					ore, check this box	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	· ·					•
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	-			-		
-	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						,
	The state of the s			, ,	, 11.00. 11.110 DOX 01		(Form 990) 2023

332022 12-21-23

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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2		
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3b		
_		
3c		
4a		
4b		
4c		
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5a		
5b		
5c		
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8		
9a		
9b		
36		
00		
9c		
10a		
10b		

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
OCOL	tion of Type it oupporting organizations		V	NI.
4	Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	•		
	<i>7</i> • •		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Caat	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
•	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see
	inate actional	, 5	5 9-	`

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

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.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANOUS
2021 AMOUNT: \$ 6,445.
SPECIAL EVENT REVENUE
2019 AMOUNT: \$ 23,604.
2020 AMOUNT: \$ 5,038.
2021 AMOUNT: \$ 16,800.
2022 AMOUNT: \$ 23,100.
2023 AMOUNT: \$ 46,520.
GAMING REVENUE, NET
2021 AMOUNT: \$ 4,959.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

26-4560703 GROW IT GREEN MORRISTOWN INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ 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 X 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.

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).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

GROW IT GREEN MORRISTOWN, INC.

26-4560703

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		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 20,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

GROW IT GREEN MORRISTOWN, INC.

26-4560703

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,510.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, dudress, and Zii + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

GROW IT GREEN MORRISTOWN, INC.

26-4560703

	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** GROW IT GREEN MORRISTOWN, INC. 26-4560703 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 Inspection

Name of the organization

GROW IT GREEN MORRISTOWN, INC.

Employer identification number 26-4560703

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, o	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

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Schedule D (Form 990) 2023

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

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Other 9	Similar	Assets	(contin	nued)	age –
3	Using the organization's acquisition, accession								•		
	collection items (check all that apply).										
а	Public exhibition	C	d 🔲 L	oan or excl	nange prograi	m					
b	Scholarly research	•		ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	e organizatior	n's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, hist	orical treas	ures, or other	r similar a	ssets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang								ne 9, or		
	reported an amount on Form 990, Par			-							
1a	Is the organization an agent, trustee, custodia	an, or other interme	diary for c	ontribution	s or other ass	ets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						/?		Yes		No
	If "Yes," explain the arrangement in Part XIII.					•					
Par	t V Endowment Funds Complete if	the organization and	swered "Y	es" on For	m 990, Part I\	/, line 10.					
		(a) Current year	(b) Pr	ior year	(c) Two years	s back (c	d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g,	column (a)	held as:	•					
а	Board designated or quasi-endowment	•	%								
b	Permanent endowment	%									
С	Term endowment	 %									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	•	ation that	are held an	d administere	ed for the					
	organization by:	· ·								Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizar	tions listed as requir	red on Scl	nedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm	ent									
	Complete if the organization answered	d "Yes" on Form 990	D, Part IV,	line 11a. S	ee Form 990,	Part X, lir	ne 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	cumulate	ed	(d) Boo	k valu	e
	, , , , ,	basis (investr		basis (I .		eciation		., -		
	Land										
b	Buildings										
c	Leasehold improvements										
d	Equipment	l l		6	3,168.		58,48	36.		4,6	82.
	Other				0.750.		•		1	0.7	50.

Schedule D (Form 990) 2023

15,432.

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

	EN MORRISTOWN	, INC.	26-4560703	Page 3
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 of	or end-of-year market v	alue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	I1c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market v	alue
			-	

(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 (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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, line 15, col. (B))

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, line 25, col. (R))	

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

Schedule D (Form 990) 2023

Pai	rt XI Reconciliation of Revenue per Audited Financial S	Statements With F	Revenue per Ret	urn	<u> </u>
	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	435,705.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b					
С		l l			
d			11,790.		
е				2e	11,790.
3	Subtract line 2e from line 1			3	423,915.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	12.)		5	423,915.
Pa	rt XII Reconciliation of Expenses per Audited Financial	Statements With	Expenses per R	eturn	1
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements			1	396,580.
1 2				1	396,580.
-	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	396,580.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a		1	396,580.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b		1	396,580.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	11,790.	1	
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	11,790.	1 2e	11,790.
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	11,790.		
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	11,790.	2e	11,790.
2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	11,790.	2e	11,790.
2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	11,790.	2e	11,790.
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	11,790.	2e	11,790. 384,790.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	11,790.	2e 3	11,790. 384,790.

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

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS NOT LIABLE FOR FEDERAL AND STATE INCOME TAXES. THE ORGANIZATION FOLLOWS STANDARDS THAT PROVIDE CLARIFICATION ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE ORGANIZATION'S FINANCIAL STATEMENTS. THE GUIDANCE PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN, OR EXPECTED TO BE TAKEN, IN A TAX RETURN, AND ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION. THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ON UNRECOGNIZED TAX BENEFITS IN INCOME

Schedule D (Form 990) 2023

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

2023

Open to Public Inspection

Name of the organization GROW IT	GREEN MORRISTOWN,	INC				Employer ide 26-4560	ntification number 7 0 3
	Complete if the organization answer			n Form 990, Part IV, I	ine 17		
Indicate whether the organization rais a	sed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with providuals or entities (fundraisers) pursuit	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990) 2023

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

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1 SPRING INTO	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
ne			ACTION (event type)	(event type)	(total number)	col. (c))
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	68,484.			68,484.
	2	Less: Contributions	20,649.			20,649.
	3	Gross income (line 1 minus line 2)	47,835.			47,835.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	11,790.			11,790. 11,790.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			11,790.
<u> </u>	11					36,045.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	Ī	(L.) Dull tobe (instant		(I) Tatal manaina (andal
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
	_					
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No 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)			
		Thet garming moothe summary. Subtract line r	Trotti inic 1, column (a)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac				
		No," explain:				
	_					
		ere any of the organization's gaming licenses re				Yes No
b	If "	Yes," explain:				
	_					
	_					

Schedule G (Form 990) 2023

332082 09-13-23

edule G (Form 990) 2023 GROW IT GREEN MORRISTOWN, INC. 26-	<u>45607</u>	U3 Page	3
Does the organization conduct gaming activities with nonmembers?	Y	es 🔲 N	0
	Y	es N	0
	13a		%
			%
			<u>,,,</u>
Enter the hame and address of the person who propares the organization's gaining openial events books and records.			
Name			
- Name			_
Address			
Audress			—
Does the examination have a contract with a third party from whom the examination receives coming revenue?	v	oc	_
Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀 ''	-5 IN	U
of "Yes," enter name and address of the third party:			
Name			_
Address			
Gaming manager information:			
Name			
Gaming manager compensation \$			
Description of services provided			
Director/officer Employee Independent contractor			
Mandatory distributions:			
•			
	Y	es N	0
	. —		
· · · · · · · · · · · · · · · · · · ·			
	art III lines	9 9h 10h	_
	,oc	, 0, 00, 100,	
100, 100, 10, and 110, as applicable. Also provide any additional information. Occ instructions.			_
			_
			_
			_
			_
			_
			_
			_
			_
			_ _
			_ _ _
	Does the organization conduct gaming activities with nonmembers? Is the organization or grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Indicate the percentage of gaming activity conducted in: The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party \$ If "Yes," enter the amount of spaning revenue received by the organization and the amount of gaming revenue retained by the third party: Name Address Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 \$	Does the organization conduct gaming activities with nonmembers? 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? Indicate the percentage of gaming activity conducted in: The organization's facility Indicate the percentage of gaming activity conducted in: The organization's facility Indicate the percentage of gaming activity conducted in: The organization's facility Indicate the percentage of gaming activity conducted in: The organization's facility Indicate the percentage of gaming activity conducted in: The organization is facility Indicate the percentage of gaming activity conducted in: The organization is facility Indicate the percentage of gaming activity conducted in:	Does the organization conduct gaming activities with nonmembers? 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? Indicate the percentage of gaming activity conducted in: The organization's facility Into outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization so gaming revenue retained by the third party suffers of gaming revenue retained by the third party. Name Address Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer

Schedule G	G (Form 990)	GROW	${ t IT}$	GREEN	MORRISTOWN,	INC.	26-4560703	Page 4
Part IV	G (Form 990) Supplemental Infor	mation	(contin	ued)				
			100111111	acay				
-								
ī								
-								
-								

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.

2023
Open to Public Inspection

Name of the organization

GROW IT GREEN MORRISTOWN, INC.

Employer identification number 26-4560703

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND EQUITABLE FOOD ACCESS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: COLLEGE INTERNSHIPS IN HANDS-ON ROLES LEARNING THE IMPORTANCE OF TRIAL AND ERROR WHILE APPLYING SCIENTIFIC PRINCIPLES TO SOLVE REAL WORLD FEELING THE SATISFACTION OF COMPLETING PROJECTS, AND EXPLORING AGRICULTURE AND ENVIRONMENTAL STUDIES -ENGAGED 3530 STUDENTS FROM PRESCHOOL TO HIGH SCHOOL IN FARM BASED EDUCATION, A 54% INCREASE FROM THE PREVIOUS YEAR -EMPOWERED 715 IN PERSON VOLUNTEERS AT THE FARM, GARDEN AND FARMERS MARKET LEARNING NEW SKILLS, HELPING SERVE THE COMMUNITY AND CONNECTING WITH OTHERS WHILE ENJOYING THE ADDED BENEFITS OF BEING OUTDOORS DONATED 8,000 POUNDS OF FRESHLY HARVESTED PRODUCE TO LOCAL FOOD FOR FARM TO TABLE SHARES IN NEWARK IN PARTNERSHIP WITH NEWARK THROUGH A VOUCHER PROGRAM FOR FREE CSAS FOR 41 FAMILIES LIVING IN LOCAL NEIGHBORHOODS WHO ATTENDED IN PERSON NUTRITION AND WELLNESS **PROGRAMS** PROVIDED 125 WEEKLY CSA PRODUCE SHARES PICKED UP IN PERSON AT THE FARM AND TESTED A NEW REDUCED PRICING SCALE TO ENCOURAGE MORE LOW INCOME AND SNAP ELIGIBLE PARTICIPANTS -PILOTED A PRODUCE PRESCRIPTION PROGRAM FOR 40 FAMILIES FOR 21 WEEKS TO HELP FAMILIES WITH CHILDREN DIAGNOSED WITH CHILDHOOD OBESITY IN PARTNERSHIP WITH TWO LOCAL HEALTH CARE PARTNERS INCLUDING GORYEB CHILDREN'S HOSPITAL, A PART OF ATLANTIC HEALTH SYSTEM.

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

Schedule O (Form 990) 2023

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Employer identification number Name of the organization 26-4560703 GROW IT GREEN MORRISTOWN, INC. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: BEDS THAT WELCOMES LOCAL RESIDENTS AND SERVES AS A MODEL OF SUSTAINABLE PUBLIC SPACES, ENCOURAGING POLLINATORS AND PREVENTING STORM WATER DAMAGE. - WELCOMED NEIGHBORS AND OTHER ORGANIZATIONS LOOKING FOR OPPORTUNITIES TO GROW FOOD AND LEARN SELF-SUSTAINING SKILLS INCLUDING PARISHIONERS FROM ST. MARGARET CHURCH, MORRIS COUNTY HISPANIC AMERICAN CHAMBER OF COMMERCE, NEIGHBORHOOD HOUSE, MORRISTOWN HIGH SCHOOL TRANSITIONAL SKILLS PROGRAM, COLONIAL L.I.F.E, WIND OF THE SPIRIT AND JUVENILE PROBATION YOUTH HELD IN PERSON SOCIAL EVENTS FOR GARDENERS AND COMMUNITY EVENTS INCLUDING THE WINTER SOLSTICE CELEBRATION WITH OVER 60 ATTENDEES -WEEKLY SPRING AND FALL PROGRAM FOR 200 MORRISTOWN HIGH SCHOOL ENVIRONMENTAL SCIENCE STUDENTS (ENGLISH AND ENGLISH LANGUAGE LEARNERS) AT THE GARDEN THAT SUPPLEMENTED THE CURRICULUM BY OFFERING HANDS-ON EXPERIENCES LEARNING ABOUT LIFE SCIENCES, GROWING AND GATHERING FOOD AND BIRDING. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: VENDORS - PROVIDED A VIBRANT COMMUNITY SPACE TO SOCIALLY CONNECT AND SHOP OUTDOORS FOR OVER 900 PEOPLE WEEKLY AT THE MARKET AND INCORPORATED MORE COMMUNITY BUILDING ACTIVITIES FORM 990, PART VI, SECTION B, LINE 11B: THE 990 FORM IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE BOARD OF

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TRUSTEES. THE BOARD OF TRUSTEES VOTES ON APPROVAL OF THE 990 FORM BEFORE IT

IS SUBMITTED.

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Name of the organization **Employer identification number** 26-4560703 GROW IT GREEN MORRISTOWN, INC. FORM 990, PART VI, SECTION B, LINE 12C: ALL OFFICERS, KEY EMPLOYEES AND MEMBERS OF THE BOARD OF TRUSTEES HAVE BEEN FORWARDED A COPY OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. ON AN ANNUAL BASIS, ALL OFFICERS, KEY EMPLOYEES AND MEMBERS OF THE BOARD OF TRUSTEES ARE PROVIDED A COPY OF THE POLICY AND ARE REQUIRED TO COMPLETE A DISCLOSURE FORM TO CONFIRM THEY HAVE REVIEWED AND AGREE TO ABIDE BY THE POLICY. AS PART OF THE POLICY, THEY ARE REQUIRED TO REPORT ANY CONFLICTS OF INTEREST TO THE ORGANIZATION. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD REVIEWS AND APPROVES COMPENSATION FOR THE EXECUTIVE DIRECTOR. THEY THEN MEET WITH THE EXECUTIVE DIRECTOR TO REVIEW PERFORMANCE AND DISCUSS THE CONTRACT BEFORE COMPENSATION IS VOTED ON. ANY CHANGES TO COMPENSATION MUST PASS WITH A 2/3 VOTE. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. PART XII, LINE 2C THE OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.