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Form **990** 

#### 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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 Georges River Land Trust ∏Name ⊒change Doing business as 01-0424837 ]Initial Ireturn Number and street (or P.O. box if mail is not delivered to street address) Room/sulte E Telephone number ]Final return/ P.O.Box B 207-594-5166 termin-ated City or town, state or province, country, and ZIP or foreign postal code 950,725.G Gross receipts \$ Amended return Rockland, ME 04841 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: Liz Jenkins for subordinates? ..... Yes X No same as C above H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions www.georgesriver.org H(c) Group exemption number K Form of organization: X Corporation Association Trust Other L Year of formation: 1987 M State of legal domicile: ME Part I Summary Briefly describe the organization's mission or most significant activities: The mission of Georges River Activities & Governance Land Trust is to conserve the ecosystems and traditional heritage of If the organization discontinued its operations or disposed of more than 25% of its net assets. 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) 9 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 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 ..... Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 1,466,168. 850,230. Revenue Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 28,263. 65,550. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,946. 693. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... 1,496,377 916,473. Grants and similar amounts paid (Part IX, column (A), lines 1-3) n. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. O. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ........ 15 Salaries, other compensation, employee 16a Professional fundraising fees (Part IX, column (A), line 11e) 72,364. 362,768. 514,089. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 283,291 312,780. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 646,059. 826,869. 19 Revenue less expenses. Subtract line 18 from line 12 89,604. 850,318. 280 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 7,206,848. 7,455,681. 21 Total liabilities (Part X, line 26) 24,013. 68,545. 22 Net assets or fund balances. Subtract line 21 from line 20 ...... 7,182,835. 7,387,136. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Liz Jenkins, Here Treasurer Type or print name and title Print/Type preparer's name Preparer's signature/ Check 08/22/24 if self-employed Paid David J. Shorette, CPA P00086553 Preparer Purdy Powers & Company Firm's name Firm's EIN 01-0463013 Use Only Firm's address 130 Middle Street Portland, ME 04101 Phone no. 207-775-3496 May the IRS discuss this return with the preparer shown above? See instructions X Yes LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)

#### Part IV | Checklist of Required Schedules Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? See Instructions ...... X 2 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 Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not ilsted in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Х 9 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 Х 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Х 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c 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 Х 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Х 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a 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 Х 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E $\overline{\mathbf{x}}$ 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Х 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III X 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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

22 X Part IX, column (A), En 22 If "Yes," is complete Schedule / Part at and III 23 Did the organization answer "Yes" to Part VI, Scotton A, line 3. 4, or 8, about compensation of the organizations current and former officent, directors, bustees, levy employees, and highest compensation of the organizations current and former officent, directors, bustees, levy employees, and highest compensation of the organization results and former officent, directors, bustees, levy employees, and highest compensation of the compensation of the search of the last day of the year, that was essented after December 31, 2002 If "Yes," acrose likes 25 through "24 and complete Schedule K. If "No," or to fine 25a  24b Did the organization marketin an escrive account of the than a refunding softony at any time during the year to direase any tax-except bonds?  25c Section 30(14), 3014(A), 4014(A), 4014(A) and 510(20) and 1014(A) and 510(20)			Yes	No
Part IX. Column (A), line 27 if "rise," complete Schedule   Parts I and III   22	22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
29 bit the organization surviver. "Yes" to Part VII, Saction A, line 3, 4, or 5, about compensated employees if **Yes*, complete Schedule*."  24 bit of the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If **Yes*, 'answer lines 24b through 24d and complete Schedule*."  25 bit the organization markets are second to be seen that a controlled surviver is a controlled on the second of tax-exempt bonds beyond a temporary period exception?  26 bit the organization markets an excrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 bit the organization and an an 'on behalf of 'issuer for bonds outstanding at any sime during the year?  27 did the organization and an an 'on behalf of 'issuer for bonds outstanding at any sime during the year?  28 Section 50(5)8, 301(4)8, and 50(4)80 an	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
Schedule / Was 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, 20021 // Yes, "answer lines 24b through 24d and complete Schedule K. If "No," go to fine 25a	23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
Did the organization have a tax-exempt band 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 246 through 24d and complete Schedule K. If "No.," or for the 25e and 24d and complete Schedule K. If "No.," or for the 25e and 24d and complete Schedule K. If "No.," or for the 25e and 24d and complete Schedule K. If "No.," or for the 25e and 24d and complete Schedule K. If "No.," or for the 25e and 24d	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
Schedule K. If "No." po to the 28s.  b Did the organization invest any proceeds of tex exempt bonds beyond a temporary period exception?  c Did the organization invest any proceeds of tex exempt bonds beyond a temporary period exception?  c Did the organization invest any proceeds of tex exempt bonds beyond a temporary period exception?  c Did the organization invest any proceeds of tex exempt bonds beyond a temporary period exception?  d Did the organization are served and of the file of the sum of the temporary period exception?  d Did the organization are as an "on behalf of "issuer for bonds outstanding at any time during the year?  2dc	Schedule J	23		
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Schedule K. If "No." got or line zero.  Schedule K. If "No." got or line zero.  Did the organization maintain an eacrow account other than a refunding secrow at any time during the year to defense any tax exempt bonds?  did bit the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?  did bit the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?  did bit the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?  did bit the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I  b is the organization ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware the exception of the part of the organization provide any answer of any of these persons? If "Yes," complete Schedule L, Part II  25b	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	240		x
c Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds?  d) Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  258 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benofit transaction with a disqualified person during the year? If 'ves, 'complete Schedule I, Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If 'ves, 'complete Schedule I, Part I is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employes, creator or founder, substantial contributor, or 35% controlled entity or family imember of any of these persons? If 'Ves, 'complete Schedule I, Part II is organization provide a grant or other assistance to any current or former officer, director, trustee, key employes, creator or founder, substantial contributor, or 35% controlled entity of family imember of any of these persons? If 'Ves, 'complete Schedule I, Part II is a part to a business transaction with one of the following parties? (See the Schedule I, Part II is a complete Schedule I, Part II is a complete Schedule I, Part II is a family member of any of these persons? If 'Ves, 'complete Schedule I, Part IV is instructions for applicable fling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Ves, 'complete Schedule I, Part IV is a family member of any hidwlad described in line 28a? If 'Yes, 'complete Schedule I, Part IV is a family member of any hidwlad described in line 28a? If 'Yes, 'complete Schedule I, Part IV is a family member of any hidwlad described in line 28a? If 'Yes, 'complete Schedule II is a schedule I, Part IV is a family and the partization receive more than \$25,000 in	Schedule K. If "No," go to line 25a	-		
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d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 601(c)(4), and 501(c)(29) organizations. Did the organization engine in an excess benofit transaction with a disqualified person during the year? If 'yes,' complete Schedule I., Part I  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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or any of these persons? If 'Yes,' complete Schedule I., Part III and the organization provide a grant or other assistance to any current or former officer, that III are a selection committee member, or to a \$5% controlled entity (including an employee thereof) or family member of any officerotr, trustee, key employee, creator or founder, or substantial contributor? If 'yes,' complete Schedule I., Part IV, instructions for applicable fling thresholds, conditions, and exceptions):  2 A Carbon organization and party to a business transaction with one of the following parties? (See the Schedule I., Part IV, instructions for applicable fling thresholds, conditions, and exceptions):  3 A Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'yes,' complete Schedule I., Part IV, 'yes,' complete Schedule I., Part IV, 'yes,' complete Schedule I., Part IV, 'yes,'		24c		
25a Section 501(c)(3), 501(c)(4), and 601(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "res," complete Schedule I, Part I in a prior year, and that the transaction has not been reported on any of the organization prior Forms 900 or 890 E27 If "res," complete Schedule I, Part I in a prior year, and that the transaction has not been reported on any of the organization prior Forms 900 or 890 E27 If "res," complete Schedule I, Part II in or or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 395% controlled entity or family member of any of these persons? If "res," complete Schedule I, Part II in the second of the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 395% controlled entity or family member of any of these persons? If "res," complete Schedule I, Part III is subjected in the prior of the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee embray, or to a 59% controlled entity of non a party to a business transaction with one of the following parties? (See the Schedule I, Part III instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "res," complete Schedule I, Part III instructions of any individual described in line 28a7 If "res," complete Schedule I, Part III instructions of any individual described in line 28a7 If "res," complete Schedule I, Part III instructions of any individual described in line 28a7 If "res," complete Schedule I, Part III instructions III instructio	any tax-exempt bonds?			
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the bransaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II  25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any ourrent or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  26 Did the organization provide a grant or other assistance to any ourrent or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  27 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part III)  28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part III)  29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part III.  29 A 18 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part III.  29 Did the organization repolve contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part II.  30 Did the organization repolve contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part II.  31 Did the organization repolve contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part II.  32 Did the organization self, exchange, dispose of, or transfer more than 25% of its n	d Did the organization act as an off benali of issue for boilds obtaining at any time during the year.	-		
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Schedule L, Part I	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? // "Ves," complete Schedule L, Part // I/ 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof) or family member of any of these persons? // "Yes," complete Schedule L, Part I// (including an employee thereof) or family member of any of these persons? // "Yes," complete Schedule L, Part I// (instructions for applicable lifting thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // *  "Yes," complete Schedule L, Part I// 28		25b		X
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controlled entity or family momber of any of these persons? If "Yes," complete Schedule I., Part II 26   X   Y   X   X   X   X   X   X   X   X	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled by 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, instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28b X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule A. Part IV.  29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization it indicate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .  31 Did the organization seel, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I .  32 Did the organization own 100% of an entity dieregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part IV .  33 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 1  34 Was the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, line 2  35 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	_26_		<u> </u>
entitly (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, Instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV, 28b X  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV, 28b X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV, 28c X  Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M, Part II, 29b X  Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M, Part II, 31 X  It is defined the organization sell, exchange, dispose of, or transfer more than \$25% of its net assets? If "Yes," complete Schedule N, Part II, 31 X  Bid the organization sell, exchange, dispose of, or transfer more than \$25% of its net assets? If "Yes," complete Schedule N, Part II, 31 X  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iline 1  Section \$501.(0)(3) organizations. Did the organization make any transaction with a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Part V, Iline 2  Section \$501.(0)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iline 2  36 Section \$501.(0)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iline 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, Iline 2  Statements Regarding Other IRs Fillings and Tax Compli	27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV.  28b X  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I  32 Was the organization near a controlled entity within the meaning of section 512(b)(13)? 35a X  33 X  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X  35b Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 1  36 Section 501(c)(3) organizations of 12(b)(13)? If "Yes," complete Schedule R, Part V, line 1  37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Sche	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule I., Part IV  b A family member of any individual described in line 28a? If "Yes," complete Schedule L., Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L., Part IV  28b X  28b X  28b X  29 Did the organization receive oner than \$25,000 in noncash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I  32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  34 Section 501(c)(3) organizations lot the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  35 Section 501(c)(3) organizations of the 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 O, Part VV, Iine 1  36 Section 501(c)(3) organizations. Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, Iines 11b and 19?  Note: All Form 990	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	76, Complete Scheduler 1, 7 act 7, 11 act 7, 1			
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check If Schedule O contains a response or note to any line In this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
Note: All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		l	
Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Note: All Form 990 filers are required to complete Schedule 0	38	X	Щ.
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Part V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		<b>-</b> └──
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		۰	Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1a Enter the number reported in box 3 of Form 1090. Enter 10 in not applicable	쉬		
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1			1
		<b>~</b>	1	
(gambling) winnings to prize winners?		16		X

Georges River Land Trust 01-0424837 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes | No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... 10 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 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)? ..... X b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," dld the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Х 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Dld the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 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. 11,5 a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b 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 excess parachute payment(s) during the year? X If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," complete Form 6069.

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Form 990 (2023) Georges River Land Trust 01-0424837 Page 6

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.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on estimated at each manager of			( <del>**</del> 1
	Check if Schedule O contains a response or note to any line in this Part V			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing	-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		1. "	
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		₹.
	of officers, directors, trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
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?	7a		<u>x</u>
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			3.7
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		**	
a		8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	_8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			", .
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			<del></del>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b	- 45	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	-
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		100	
1 <b>2</b> a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12</b> a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ.	<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	i	7.7	
	on Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	Х	<b> </b>
15	Did the process for determining compensation of the following persons include a review and approval by Independent	<.		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	200	77	1 1
а	The organization's CEO, Executive Director, or top management official	15a	Х	<del>                                     </del>
b	Other officers or key employees of the organization	15b	ļ	Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
1 <b>6</b> a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			l . <u>.</u> ;
	taxable entity during the year?	16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1.5		1 : 1
	exempt status with respect to such arrangements?	16b	<u> </u>	<u></u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	)s only	) aval	lable
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Uther (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, as	id fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	The Organization - 207-594-5166			
	P.O.Box B, Rockland, ME 04841			

### 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.
- 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.

X Check this box if neither the organization		ated organization compensat				mpe	ensa	ted any current officer, director, or trustee.				
(A)	(B)	1	(C) (					(D)	(E)	(F)		
Name and title	Average	(40	Position (do not check more than one		Reportable	Reportable	Estimated					
	hours per	l bo:	x, unle icer a	988 D	erson	ıls be	th an		compensation	amount of		
	week	-	T T	T	T	Julyara	1	4 rrom	from related	other		
	(list any hours for	ijiect	1	1	ļ	L		the organization	organizations (W-2/1099-MISC/	compensation		
	related	9000	設	1		SEE SEE		(W-2/1099-MISC/	1099-NEC)	from the organization		
•	organizations		al trus		85	mper		1099 NEC)	10001120)	and related		
	below	Individual trustee or director	Institutional trustee	<sub> </sub>	l od ma	est co	15	}		organizations		
	line)	į	Instil	Officer	Key	Highest compensated employee	Former			,		
(1) Alvin Chase	1.50											
Director		X						0.	0.	0.		
(2) Lucy Crocker Abisalih	10.00					П						
President		X		X	L			0.	0.	0.		
(3) Bruce Sigsbee	5.00											
Director		X	Ш	X				0.	0.	0.		
(4) Gail Presley	5.00											
Secretary		Х						0.	0.,	0.		
(5) Debbie Rogers	1.50									-		
Director		Х						0.	0.	0.		
(6) Liz Jenkins	5.00									•		
Treasurer		Х		Х				0.	0.	0.		
(7) Juliet Carey	1.50			1				_				
Director		Х		_				0.	0.	0.		
(8) Mark Munger	1.50			ļ				_ 1	_			
Director	4 = 0	Х		ļ			[	0.	0.	0.		
(9) Rob Comstock	1.50	]	ı					•		_		
Director		X	_		_			0.	0.	0.		
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Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees			ighe	st C						
(A)	(B)				2)			(D)	<b>(</b> E)			F)	
Name and title	Average		not o		more	than		Reportable	Reportable	Estimate			
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of other		ot	
	Week	-	30, 41		10010	I		from	from related		ou ompe		tion
	(list any hours for	individual trustee or director						the organization	organizations (W-2/1099-MISC			n the	
	related	Bord	轟			sated		(W-2/1099-MISC/	1099-NEC)		orgar		
	organizations	atsin.	Institutional trustee		<sub>ඩු</sub>	Highest compensated employee		1099-NEC)	10001120,		and i		
	below	dual 1	app and a second	_	Key employee	St co	5	,		0	organ	izatio	ons
	line)	indîv)	ist.	Officer	ě	E E	튍			_			
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1b Subtotal		<b>.</b>						0.		0.			0.
c Total from continuation sheets to Part V	II, Section A							0.		5.			0.
d Total (add lines 1b and 1c)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u></u>			0.		0.			0.
2 Total number of individuals (including but	not limited to t	hose	liste	ed a	bov	/e) w	ho r	eceived more than \$100	),000 of reportable				^
compensation from the organization	•							· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			_	0
										_	_	/es	No
3 Did the organization list any former officer	, director, trust	tee,	key ·	emp	loye	ee, o	r hiş	ghest compensated em	oloyee on			in a	
line 1a? If "Yes," complete Schedule J for	such individua	l					<i>.</i>	.,,		ئــا	3		X
4 For any individual listed on line 1a, is the s	um of reportat	ole c	omp	ens	atio	n an	d ot	ther compensation from	the organization				
and related organizations greater than \$15	50,000? If "Yes	," cc	ompl	ete -	Sch	edu	e J	for such individual		L <u>.</u>	4		Х
5 Did any person listed on line 1a receive or	accrue compe	nsa	tion	fron	n an	y un	rela	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," con	nolete Schedu	le J	for s	uch	per	rson					5		X
Section B. Independent Contractors					-								
Complete this table for your five highest complete the stable for your five highest complete the your five highest complet	ompensated in	Iden	ende	ent d	conf	tract	ors '	that received more than	\$100,000 of comp	ensati	on fro	om	
the organization. Report compensation for	r the calendar	vear	end	ina v	with	or v	vithi	n the organization's tax	vear.				
the organization. Report compensation to	, are earlied	, Juli	<u> </u>	9		V		(B)			(C)		
Name and busines	s address	N	ON:	F.				Description of s	services	Con	npen		n
Training and Training		-1	<u> </u>				_						
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2 Total number of independent contractors	(Including but	not l	imite	ed to	the	ose l	iste	d above) who received r	nore than			. 1	
\$100,000 of compensation from the organ						0							
										Fo	orm 9	90 (	(2023)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenue excluded Total revenue Related or exempt Unrelated function revenue from tax under business revenue sections 512 - 514 Contributions, Giffs, Grants and Other Similar Amounts 1 a Federated campaigns ..... **b** Membership dues ..... 104,463. -10,131 c Fundraising events ..... 1c d Related organizations ..... 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 755,898. similar amounts not included above g Noncash contributions included in lines 1a-1f 1g (\$ h Total. Add lines 1a-1f 850,230. **Business Code** Program Service 2 a f All other program service revenue ..... g Total. Add lines 2a-2f ... Investment income (including dividends, interest, and other similar amounts) 56,312. 56,312. Income from investment of tax-exempt bond proceeds 5 Royalties ..... (ii) Personal 6 a Gross rents ..... 6a b Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss), 7 a Gross amount from sales of (i) Securities (ii) Other 9,859. 9,250. assets other than inventory 7a b Less; cost or other basis Other Revenue and sales expenses ...... 9,871. 7b -12.9,250. d Net gain or (loss) ..... 9,238 9.238 8 a Gross income from fundraising events (not including \$-10,131.ofcontributions reported on line 1c). See 24,381 b Less: direct expenses c Net income or (loss) from fundralsing events 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold \_\_\_\_\_\_10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a Miscellaneous Income 900099 693. <u>693.</u> þ d All other revenue 693. e Total. Add lines 11a-11d ..... Total revenue. See instructions 916,473. 9,238. 57,005.

Check if Schedule O contains a response or note to any line in this Part IX.  (C) (B) (C) (D)									
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses					
1 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				<u>and and a second a</u>					
3 Grants and other assistance to foreign									
organizations, foreign governments, and foreign				그는 사람들은					
individuals. See Part IV, lines 15 and 16									
4 Benefits paid to or for members									
5 Compensation of current officers, directors,									
trustees, and key employees									
6 Compensation not included above to disqualified									
persons (as defined under section 4958(f)(1)) and	Ì	l							
persons described in section 4958(c)(3)(B)	453,426.	363,387.	48,082.	41,957					
7 Other salaries and wages	133,1201	000,000		<u></u>					
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,296.	4,244.	562.	490					
	25,975.	20,817.	2,754.	2,404					
	29,392.	23,555.	3,117.	2,720					
10 Payroll taxes									
a Management	İ								
b Legal	10,056.	6,380.	2,923.	753					
c Accounting	14,880.	9,441.	4,325.	1,114					
d Lobbying									
e Professional fundraising services. See Part IV, line 17									
f Investment management fees	11,835.		11,835.						
g Other. (If line 11g amount exceeds 10% of line 25,									
column (A), amount, list line 11g expenses on Sch O.)	33,897.	21,506.	9,853.	2,538					
12 Advertising and promotion			455	400					
13 Office expenses	9,098.	7,138.	477.	1,483					
14 Information technology									
15 Royalties			2 010	2 010					
16 Occupancy	31,705.	24,877.	3,010.	3,818					
17 Travel									
18 Payments of travel or entertainment expenses									
for any federal, state, or local public officials									
19 Conferences, conventions, and meetings	- 200		206						
20 Interest	306.		306.	·					
21 Payments to affiliates	- 00 000	10 600	689,	95					
22 Depreciation, depletion, and amortization	20,393.	19,609. 15,383.	2,569.	813					
23 Insurance	18,765.	15,303.	2,303.	013					
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If									
line 24e amount exceeds 10% of line 25, column (A),									
amount, list line 24e expenses on Schedule 0.)	100 556	108,985.	10.	561					
a Property & Program Expe	109,556. 27,697.	14,437.	2,553.	10,707					
b Printing & Postage	5,931.	5,564.	2,333.	367					
c Fundraising	4,571.	59.	2,867.	1,645					
d Miscellaneous Operating	14,090.	5,683.	7,508.	899					
e All other expenses	826,869.	651,065.	103,440.	72,364					
25 Total functional expenses. Add lines 1 through 24e	040,009.	031,003.	100, 440	,2,50%					
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 <b>990</b> (202					

100	агт 🗡	<del></del>					
		Check if Schedule O contains a response or ne	ote to	any line in this Part X			
					(A) Beginning of year		(B) End of year
	1	2	653,529		664,860.		
	2	Savings and temporary cash investments	· · • • • • • • • • • • • • • • • • • •	***************************************	23,485		
	3	Pledges and grants receivable, net			244,334	. 3	125,594.
	4			*****************************		4	*****
	5						
		trustee, key employee, creator or founder, subs			1. 7. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		V rokustania na A
		controlled entity or family member of any of the				5	
	6			1.7			
	1	under section 4958(f)(1)), and persons describe	ed in se	ection 4958(c)(3)(B)		6	
ets	7	Notes and loans receivable, net		***************************************		7	
Assets	8	Inventories for sale or use	,,,,, <b>,,,</b> ,,	***************************************	2,844.		2,844.
1	9	Prepaid expenses and deferred charges			11,705.	9	10,895.
	108	a Land, buildings, and equipment: cost or other	}	225 254			
	Ι.	basis. Complete Part VI of Schedule D				i a iy	
		Less: accumulated depreciation	10b	119,551.		10c	
	11	Investments - publicly traded securities	1,012,739.	11	1,171,650.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	F 052 000	14			
	15	Other assets. See Part IV, line 11			5,053,992.	15	5,240,006.
	16	Total assets. Add lines 1 through 15 (must equ			7,206,848.	16	7,455,681.
	17	Accounts payable and accrued expenses			24,013.	17	29,860.
	19	Grants payable	- · · · · · · · · · · · · · · · · · · ·	18			
	20	Deferred revenue		19			
	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete I		of Cohedula D	· · · · · · · · · · · · · · · · · · ·	20	
(A	22	Loans and other payables to any current or form			ili. Osebi ile Alla III. ile ni di ilentife i takan l	21	Martin and the Head and the second of the se
116		trustee, key employee, creator or founder, subst				15. 15.37A 15. 15.37A	
Liabilities		controlled entity or family member of any of thes		·		22	
ا ڏ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay				47	
ļ		parties, and other liabilities not included on lines					1
		of Schedule D		,	0.	25	38,685.
	26	Total liabilities. Add lines 17 through 25			24,013.	26	68,545.
		Organizations that follow FASB ASC 958, chec				- d	
5		and complete lines 27, 28, 32, and 33.				작다	
1	27	Net assets without donor restrictions			1,912,333.	27	2,041,903.
<u> </u>	28	Net assets with donor restrictions			5,270,502.	28	2,041,903. 5,345,233.
		Organizations that do not follow FASB ASC 95		7.			
: ]		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29			
	30	Paid-in or capital surplus, or land, building, or equ	ipmen	t fund		30	
1 1	31	Retained earnings, endowment, accumulated inc	ome, c	r other funds		31	
	32	Total net assets or fund balances			7,182,835.	32	7,387,136.
ᆚ	33	Total liabilities and net assets/fund balances			7,206,848.	33	7,455,681.

Form	990 (2023) Georges River Land Trust	OI-04	<u> </u>	Pag	e IZ
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
		]	017	5,4	72
1	Total revenue (must equal Part VIII, column (A), line 12)	1		$\frac{5,4}{5,8}$	
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,182		$\frac{33.}{97.}$
5	Net unrealized gains (losses) on investments	5	<u> </u>	± , O	97.
6	Donated services and use of facilities	6			<u> </u>
7	Investment expenses	7			
8	Prior period adjustments	8	<u> </u>		0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			<u> </u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		7 20	7 1	26
	column (B))	10	7,38	<i>,</i> , ⊥	30.
Pai	t XII Financial Statements and Reporting				$\mathbf{x}$
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
				169	NO
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		•	j ka	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.	2a	х	1 4
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		100	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			11:10	х
b	Were the organization's financial statements audited by an independent accountant?		2b	135 4 5 1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,	اما	i	x
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				x
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		<del>  ^</del> -
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ıred audit	0.		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	(2023)
			⊢orm	ひひひ	(ZUZJ)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

2023

Open to Public Inspection

Name of the organization Employer identification number Georges River Land Trust 01-0424837 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 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, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 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 L. An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) is the organization listed in your governing document? (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Schedule A (Form 990) 2023 Georges River Land Trust 01-04248

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	tion A. Public Support					<del></del>			
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not			605 044	4455054	050 000	4056067		
	include any "unusual grants.")	798,179.	1055463.	695,244.	1456951.	850,230.	4856067.		
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		10000	605 044	4456053	0.50 0.30	4856067.		
4	Total. Add lines 1 through 3	798,179.	1055463.	695,244.	1456951.	850,230.	4030007.		
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	lasta di di							
	amount shown on line 11,						844,137.		
	column (f)		- Con -	<u>a as la littrago do as la</u>	the state of the s		4011930.		
	Public support, Subtract line 5 from line 4.	the matter of	<u> </u>	18, 34, 34, 4, 4, 4, 4, 6			4011330.		
	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·		1 4 9 0000	(1) 0000	(6) Tatal		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020 1055463.	(c) 2021 695, 244.	(d) 2022 1456951.	(e) 2023 850, 230.	(f) Total 4856067.		
	Amounts from line 4	798,179.	1055465.	093,444.	14203210	030,230.	<del>±030007.</del>		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	F 100	4 622	29,051.	28,063.	56,312.	123,157.		
	and income from similar sources	5,109.	4,622.	49,031.	20,003.	30,312.	123,1310		
9	Net income from unrelated business								
	activities, whether or not the			1					
	business is regularly carried on								
10	Other income. Do not include gain		ļ			!			
	or loss from the sale of capital		•						
	assets (Explain in Part VI.)		1 2				4979224.		
	Total support. Add lines 7 through 10	1			<u> </u>	12	21,639.		
12	Gross receipts from related activities	, etc. (see instruct	ions)	fourth or fifth toy	veer se a section				
13	First 5 years. If the Form 990 is for the					301(0)(0)			
60	organization, check this box and stoction C. Computation of Pub		rcentage			***************************************			
	Public support percentage for 2023			column (fl)		14	80.57 %		
14	Public support percentage from 2023	(line 6, column (i), ( ) Cabadula A. Dad	Hilling 14	COMMINI (17)			82.90 %		
15	33 1/3% support test - 2023. If the	argenization did n	ot check the boy o	n line 13 and line	14 is 33 1/3% or r	nore, check this b			
108	ates have The examination qualifies	as a nublick sun	sorted organization	1		,	X		
	stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
*	and stop here. The organization qualifies as a publicly supported organization								
47.	and stop here. The organization qualifies as a publicly supported organization								
176	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances t	est. The organizati	ion qualifies as a n	ublicly supported	organization				
	10% -facts-and-circumstances tes	st - 2022. If the or	panization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and If the organization meets t	the facts-and-circu	mstances test, ch	eck this box and s	top here. Explain	n Part VI how the			
	organization meets the facts-and-circ	cumstances test. T	The organization of	ualifies as a public	ly supported organ	nization			
10	Private foundation. If the organization	on did not check a	box on line 13. 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	ns		
10	Tivate louiteauon. Il the organizati	on dia not oncore				Schedule A	(Form 990) 2023		

# Schedule A (Form 990) 2023 Georges River Land Trust Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and			(3)==:	10,2022	(0) 2020	(i) rotal
membership fees received. (Do not	1		ľ	ł	ŀ	l l
include any "unusual grants.")	Ì					]
2 Gross receipts from admissions,		<u> </u>	<del>                                     </del>	<del>- </del>		***
merchandise sold or services per-	1		ļ	]		
formed, or facilities furnished in any activity that is related to the	1	1				1
organization's tax-exempt purpose		1			ł	
3 Gross receipts from activities that						
are not an unrelated trade or bus-			1		1	J
iness under section 513						İ
4 Tax revenues levied for the organ-	****			T		<del></del>
ization's benefit and either paid to			ļ			
or expended on its behalf	1					
5 The value of services or facilities				*	···	<del> </del> -
furnished by a governmental unit to	ļ			ľ		ĺ
the organization without charge	!					
6 Total. Add lines 1 through 5					<del>                                     </del>	
7a Amounts included on lines 1, 2, and			<u></u>		<del>                                     </del>	
3 received from disqualified persons	j i					
<b>b</b> Amounts included on lines 2 and 3 received						· · · · · · · · · · · · · · · · · · ·
from other than disqualified persons that					1	
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				1	1	1
c Add lines 7a and 7b				1		
8 Public support. (Subtract line 7c from line 6.)		park to have the law or		246 % N 15 (A., 15 15 15 15	April 1.6 meteor	· · · · · · · · · · · · · · · · · · ·
Section B. Total Support	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	All Display and Marketing	<u> </u>	Mit die Sinsen is	1 4 40 1 5446 10 44	<del></del>
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(a) 000d	(4) 0000	T (-) 2000 T	
9 Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
10a Gross income from interest.					<u> </u>	
dividends, payments received on					]	
securities loans, rents, royalties, and income from similar sources		Ī			i	
b Unrelated business taxable income						<del></del>
(less section 511 taxes) from businesses		ľ			1	
anguired offer June 20, 1075		ł			]	
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b,	i	J	1		i l	
whether or not the business is regularly carried on	ļ				ł	
12 Other income. Do not include gain				<u></u>	· · · · · · · · · · · · · · · · · · ·	
or loss from the sale of capital			1		}	
assets (Explain in Part VI.)	<del></del>					
		<u> </u>				
4 First 5 years. If the Form 990 is for the						
check this box and stop here ection C. Computation of Public	Support Dow			104104000000000000000000000000000000000	***************************************	<u></u>
5 Public support percentage for 2023 (lin	ie 8, column (t), div	rided by line 13, co	olumn (f))		15	%
6 Public support percentage from 2022 8	schedule A, Part III	, line 15		******************	16	%
ection D. Computation of Invest						
7 Investment income percentage for 202	3 (line 10c, column	(f), divided by line	: 13, column (f)) .		17	%
8 Investment income percentage from 20					18	%
9a 33 1/3% support tests - 2023. If the o	rganization did not	check the box or	line 14, and line	15 is more than 3	3 1/3%, and line 17	is not
more than 33 1/3%, check this box and	istop here. The or	ganization qualifie	s as a publicly su	pported organiza	tion	
b 33 1/3% support tests - 2022. If the or	rganization did not	check a box on li	ne 14 or line 19a,	and line 16 is mo	re than 33 1/3%, an	ıd
line 18 is not more than 33 1/3%, check	< this box and stop	here. The organiz	zation qualifies as	a publicly suppo	rted organization	
Private foundation. If the organization	did not check a bo	x on line 14, 19a,	or 19b, check this	s box and see ins	tructions	

Schedule A (Form 990) 2023

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. A	II 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
1		
	To any	
2		:
	- 2 1	
3a	1 a. 441	
	A 100 TO	15.5
3b	·	
1 - 1 - 1		
3c		
100	100	
4a	***************************************	
		15.
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
4b		l '
	ar gil	1
	1	
	1000	
4c		]
21		l
	1	
5a	1	
5b		
5c	T .	
1.4	Γ	
6		l
4 1		
1.5		
7	$\perp$	
8_	<b>↓</b> -	1
10000		
	1 3 4 4	
9a	1—	-
	1	
9b	+	
		1
9c	+	╁
	1	
40-		
10a	+	+
104		
10b		) 2023

Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

these activities but for the organization's involvement.

trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

2b

3a

3h

	hedule A (Form 990) 2023 Georges Rive art V   Type III Non-Functionally Integrated 5	er Land Trust		(	)1-0424837 Page 7
<u> </u>		09(a)(3) Supporting Or	ganizations <sub>(contin</sub>	ued)	
	ction D - Distributions	·	· · · · · · · · · · · · · · · · · · ·		Current Year
	- Samuel to description			1	**************************************
2	, , , , , , , , , , , , , , , , , , , ,	mpt purposes of supported		l	ľ
	organizations, in excess of income from activity		2	-//	
4	- Company of the comp	oses of supported organizati	ons	3	
5	Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required -	provide details in D-+110	<del></del>	4	
6		orovide details in Part VI)		5	<u> </u>
7	Total annual distributions. Add lines 1 through 6.			6	
8	Distributions to attentive supported organizations to which	the organization is recovered		7	
Ŭ	(provide details in Part VI). See Instructions.	rule organization is responsi	Ve		
9	Distributable amount for 2023 from Section C, line 6			8	
10	Line 8 amount divided by line 9 amount			10	
	and a antidot by into a unout.	(i)	(fi)	<u>I</u> U	fres
Sec	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	ıs i	(iii) Distributable
	(	are one Biotifications	Pre-2023		Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			. 17 1	
2	Underdistributions, if any, for years prior to 2023 (reason-	Astronomic March			
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023			1 5/5	
a	From 2018			4.5.5.5	
b	From 2019			11.	
	From 2020				
d	From 2021	表的APPARE 2010年		ere is	STATE NAME OF STREET
е	From 2022			N. Servi	
f	Total of lines 3a through 3e			7 ps	Marky Charles See
<u>_</u> g	Applied to underdistributions of prior years				Water and the
h	Applied to 2023 distributable amount			45.41	
i	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			ver v	
4	Distributions for 2023 from Section D,				
	line 7: \$		10%。24多形配合	4-1-4	
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount			$\mathcal{F}_{ij}$	
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if			-	
	any. Subtract lines 3g and 4a from line 2. For result greater			[:	
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h			nagia. Latin	
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			승규	
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				84 (538 - 150 p. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a	Excess from 2019				
	Excess from 2020			2.8	
	Excess from 2021				
	Excess from 2022	a dela di Nasa da di Afrika iyo. Bilan di Sanara da da di Afrika			
e	Excess from 2023			7. o   L.	

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	George	s River	Land	Trust				424837	
Part VI	Supplemental Infor Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	<b>mation.</b> Pr , 2, 3b, 3c, 4t lines 2 and 3	ovide the expla o, 4c, 5a, 6, 9a,	nations rec 9b, 9c, 11: n E lines 1	quired by Par a, 11b, and 1 c, 2a, 2b, 3a	rt II, line 10; Pa 11c; Part IV, S a, and 3b; Part aplete this part	art II, line 17a o ection B, lines 1 V, line 1; Part \ t for any additio	r 17b; Par and 2; P /, Section nal inform	t III, line 12; art IV, Sectio B, line 1e; Pa ation.	n C, art V,
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#### Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2023

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
The Estate of Wickham Skinner	139,991.	40,407
Lucy and Tom Abisalih	173,009.	73,425
Maine Community Foundation	102,534.	2,950
Mary Ann Carey	272,895.	173,311
Elizabeth Gibson	102,950.	3,366
Fidelity Foundation	213,000.	113,416
Maine Natural Resources Conservation Foundation	481,865.	382,281
Ruth Foundation of the Arts	150,000.	50,416
Mr & Mrs Churchill Carey	104,149.	4,565.
		·· , _,,,
tal Excess Contributions to Schedule A, Part II, Line 5		844,137.

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### **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 Name of the organization 01-0424837 Georges River Land Trust Organization type (check one): Section: Filers of: 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 501(c)(3) exempt private foundation Form 990-PF 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) filling Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization	
----------------------	--

Employer identification number

George	es River Land Trust		01-0424837
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
		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 -		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 -		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 -	·	\$36,675.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Employer identification number

#### Georges River Land Trust

 $01 - 04 \underline{24837}$ 

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$63,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		- - \$\$	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
9		- - \$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	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

#### Georges River Land Trust

01-0424837

(a) No.	(b)	(c)	(d)
from Part i	Description of noncash property given	FMV (or estimate) (See instructions.)	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 art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		_	
(a) Vo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om irt i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
		\$	
o. om rt l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

TI F	River Land Trust xclusively religious, charitable, etc., contribution	ons to organizations described in section	501(c)(7), (8), or (10) that total more than \$1,000 for th				
	i and internal control of the analysis of the control of the contr	through to) and the following line entry For	· organizations				
ec	om any one contributor. Complete columns (a) ompleting Part III, enter the total of exclusively religious, of less duplicate copies of Part III if additional s	naritable, etc., contributions of \$1,000 <b>or less</b> for	the year. (Enter this info. offce.)				
o.	se duplicate copies of Part III II additional s	pass is riseded.					
n.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
1	(4), 51, 100 - 311						
- I							
-   -							
-							
		(e) Transfer of gift					
ļ		(e) transier or gift					
			management of the second				
	Transferee's name, address, ar	ıd ZIP + 4	Relationship of transferor to transferee				
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<del>.   -</del> -							
n I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
1	(2)						
-							
-   -			·				
-							
<u> </u>		(e) Transfer of gift					
		(e) Hansier or gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
l	Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee				
ļ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
	Transferee's name, address, al	nd ZIP + 4	Relationship of transferor to transferee				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
-	Transferee's name, address, a	nd ZIP + 4					
n I		(c) Use of gift	Relationship of transferor to transferee  (d) Description of how gift is held				
n I	Transferee's name, address, a						
n I							
n I							
n I							
n i							
n I		(c) Use of gift					
n i							
n i	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held				
n I		(c) Use of gift  (e) Transfer of gift					
n I	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held				
n I	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held				
n I	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held				
n i	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held  Relationship of transferor to transferee				
	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held  Relationship of transferor to transferee				
	(b) Purpose of gift  Transferee's name, address, a	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held  Relationship of transferor to transferee				
-	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift  and ZIP + 4	(d) Description of how gift is held  Relationship of transferor to transferee				
	(b) Purpose of gift  Transferee's name, address, a	(c) Use of gift  (e) Transfer of gift  and ZIP + 4	(d) Description of how gift is held  Relationship of transferor to transferee				
	(b) Purpose of gift  Transferee's name, address, a	(c) Use of gift  (e) Transfer of gift  and ZIP + 4	(d) Description of how gift is held  Relationship of transferor to transferee				
	(b) Purpose of gift  Transferee's name, address, a	(c) Use of gift  (e) Transfer of gift  and ZIP + 4	(d) Description of how gift is held  Relationship of transferor to transferee				
	(b) Purpose of gift  Transferee's name, address, a	(c) Use of gift  (e) Transfer of gift  and ZIP + 4	(d) Description of how gift is held  Relationship of transferor to transferee				
	(b) Purpose of gift  Transferee's name, address, a	(c) Use of gift  (e) Transfer of gift  nd ZIP + 4  (c) Use of gift	(d) Description of how gift is held  Relationship of transferor to transferee				
	(b) Purpose of gift  Transferee's name, address, a	(c) Use of gift  (e) Transfer of gift  and ZIP + 4	(d) Description of how gift is held  Relationship of transferor to transferee				
	(b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift	(c) Use of gift  (e) Transfer of gift  (c) Use of gift  (c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held  Relationship of transferor to transferee  (d) Description of how gift is held				
n i	(b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift	(c) Use of gift  (e) Transfer of gift  (c) Use of gift  (c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held  Relationship of transferor to transferee				
	(b) Purpose of gift  Transferee's name, address, a	(c) Use of gift  (e) Transfer of gift  (c) Use of gift  (c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held  Relationship of transferor to transferee  (d) Description of how gift is held				
-	(b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift	(c) Use of gift  (e) Transfer of gift  (c) Use of gift  (c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held  Relationship of transferor to transferee  (d) Description of how gift is held				

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Georges River Land Trust

Part I | Organizations Maintaining Donor Advised Funds or Other Similar Funds or 01-0424837

	organization answered "Yes" on Form 990, Part IV, III	(a) Donor advised funds	(b)	Funds and other	accounts
1	Total number at end of year		<del>                                     </del>		
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				·
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	rised funds	<u> </u>	
	are the organization's property, subject to the organization's	exclusive legal control?	rioca rangae	`	es N
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can h	e used onl		- II
	for charitable purposes and not for the benefit of the donor of				
		as to any other purpos			es N
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990.	Part IV. lir	ne 7.	03 L
1	Purpose(s) of conservation easements held by the organization		, 1 (414.17) (1)		<del> </del>
	X Preservation of land for public use (for example, recrea	tion or education) X Preservation of	of a historic	eally important lan	d area
	X Protection of natural habitat			d historic structur	
	X Preservation of open space	TTESE/VALION C	n a certine	a mstoric stractai	9
2	Complete lines 2a through 2d if the organization held a qualif	ied consequation contribution in the form	a of a cons	onistion assembly	
_	day of the tax year.	led conservation contribution in the form	Tora cons	Held at the En	d of the Tax Yea
а	Total number of conservation easements			A 1 0 A	54
b	<b>-</b>	***************************************	·····   <del>2</del>	2a   3,	403.14
c	Number of conservation easements on a certified historic stri	sature included on line Oc		· - <del></del>	403.14
d			······   <del>-2</del>	lc	
ч			١,		
3	on a historic structure listed in the National Register	agged authorite and authorite deal by the	L2	ld	····
	Number of conservation easements modified, transferred, relevant	eased, exunguished, or terminated by th	ie organiza	tion during the ta	×
4	) von	ement is located 1			
5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the peri				
	violations, and enforcement of the conservation easements it	· · · · · · · · · · · · · · · · · · ·		X Ye	
6	Staff and volunteer hours devoted to monitoring, inspecting, I				
·	266	landing of violations, and emorcing con	iservation e	easements during	tne year
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and autoroing assessment			
•	18,690.	ing of violations, and emorcing conserva	auon easer	nents during the	year
8	Does each conservation easement reported on line 2d above	cation, the requirements of postion 170/	L\/A\(\)		
ŭ				[	
9	and section 170(h)(4)(B)(ii)?	n accompanie in its very and and an and		Ye	s L No
9					
	balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements.	nte to trie organization's financial statem	ents that c	describes the	
Par	t III Organizations Maintaining Collections of	Art Historical Transuras or O	ther Sin	ailer Assets	··········
	Complete if the organization answered "Yes" on Form 9		ulei olli	ıllal Assets.	
10		The second secon			·
	If the organization elected, as permitted under FASB ASC 958				
	of art, historical treasures, or other similar assets held for publi			of public	
	service, provide in Part XIII the text of the footnote to its finance				
	If the organization elected, as permitted under FASB ASC 958				
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furth	nerance of	public service,	
	provide the following amounts relating to these items.			_	•
	(i) Revenue included on Form 990, Part VIII, line 1				0.
	(ii) Assets included in Form 990, Part X			\$	<del> </del>
	If the organization received or held works of art, historical treas		l gain, prov	/ide	
	the following amounts required to be reported under FASB AS				
a .	Revenue included on Form 990, Part Vill, line 1			\$	0 7 7 7 7
	Assets included in Form 990, Part X				07,186.
HA I	For Paperwork Reduction Act Notice, see the Instructions f	or Form 990.		Schedule D (Fe	orm 990) 2023

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 Georges Rive	er Land Trus	st (	)1-0424837 <sub>Page</sub>
Part VIII Investments - Other Securities			
Complete if the organization answered "Yes" of (a) Description of security or category (Including name of security)	(b) Book value	(c) Method of valuation: Cost or	and of your market value
(1) Financial derivatives	(b) Dook value	(d) Welliod of Valuation, Gost of	end-or-year market value
(2) Closely held equity interests			<del></del>
(3) Other	· · · · · · · · · · · · · · · · · · ·	<del></del>	***
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)		· · · · · · · · · · · · · · · · · · ·	
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	<u> </u>		da ata a sa
Part VIII Investments - Program Related.	· · · · · · · · · · · · · · · · · · ·		light of the fill begins by beat file?
Complete if the organization answered "Yes" or	n Form 000 Bort IV lin	o 110. Con Form 000. Bort V. line 10	
(a) Description of investment	(b) Book value		
	(b) book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			<del></del>
Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	scription		(b) Book value
(1) Property for Conservation			2,705,066.
(2) Artwork			2,207,186.
(3) Beneficial Interest in Perg	petual Trust		275,260.
(4) Deposits			5,596.
(5) Land Deposits & Costs			8,213.
(6) Right of Use Asset	1		38,685.
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990, Part X, line 15, col. (E	3))		5,240,006.
art X Other Liabilities			
Complete if the organization answered "Yes" on	Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5,
(a) Description of liability			(b) Book value
(1) Federal income taxes	<del></del>		(-,
(2) Lease Liability			38,685.
(3)			30,003.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			~~~~
tal. (Column (b) must equal Form 990, Part X, line 25, col. (B)	<i>))</i>		38,685.

Schedule D (Form 990) 2023

<sup>2.</sup> 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... X

Schedule D (Form 990) 2023 Georges River Land Trust	;		01-0	424837 Page 4
Part XI   Reconciliation of Revenue per Audited Financial State	ements With	Revenue per R	eturn	
Complete if the organization answered "Yes" on Form 990, Part IV, line				
		***************************************	1	1,043,716.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	114,697.		
b Donated services and use of facilities				
c Recoveries of prior year grants	1 - 1			
d Other (Describe in Part XIII.)		24,381.		
e Add lines 2a through 2d		,,,-,	2e	139,078.
3 Subtract line 2e from line 1			3	904,638.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		44 00=		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,835.		
b Other (Describe in Part XIII.)				44 025
c Add lines 4a and 4b			4c	11,835.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	916,473.
Part XII   Reconciliation of Expenses per Audited Financial Sta		h Expenses per	Retu	rn
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			020 415
1 Total expenses and losses per audited financial statements				839,415.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a Donated services and use of facilities				
b Prior year adjustments				
c Other losses		04 204	3 3	
d Other (Describe in Part XIII.)	2d	24,381.	<b>1</b> ~ 1	04 201
e Add lines 2a through 2d			2e	24,381. 815,034.
3 Subtract line 2e from line 1			3	010,034.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	11 025		
a Investment expenses not included on Form 990, Part VIII, line 7b		11,835.		
b Other (Describe in Part XIII.)			1. 1	11,835.
c Add lines 4a and 4b			4c 5	826,869
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.) <u>.</u>		3	020,005
Part XIII Supplemental Information	D . 1 D / B 4 l	and Ok. Dock V. line	4. Dort	V line 2: Part VI
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, IIII es It.	) and 20, Fait V, line matics	4, raii	A, mie 2, i dit Ai,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional intor	mation.		
Part II, Line 3:				
rait ii, nine s.				
Acquired new easements.				
Acquired new casementes.			•	
Chase Easement - Middle Road, Warren				
Chape Habolione 1114and 110an, 1111		·		
Dunham Easement - Magog Road, Appleton				
Ravenwood Easement - Barrett Road, Searsmo	ont			
Part II, line 9:				
Georges River Land Trust does not recogni:	ze reveni	ie from the	CO:	ntribution
of easements, nor is the easement recorded	d on the	Organizati	lon'	s balance
<del></del>				
sheet as an asset. Purchased easements are	e expense	ed in the y	<u> ear</u>	ot
purchase.				

#### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Georges River Land Trust

Employer identification number 01-0424837

Form 990, Part I, Line 1, Description of Organization Mission:
the Georges River Watershed Region through permanent land protection,
stewardship, education, and outdoor experiences.
Form 990, Part III, Line 4a, Program Service Accomplishments:
partnerships with organizations and agencies, communications with the
GRLT Board of Directors, Committee members and donors, and public
speaking opportunities at regional and statewide venues.
Form 990, Part VI, Section B, line 11b:
Before filing form 990, the Organization's Director of Operations reviews
it with the bookkeeper and treasurer. Subsequently, the 990 is presented to
the Executive Committee for review.
Form 990, Part VI, Section B, Line 12c:
The Board of Directors and Director of Operations have the duty to disclose
an actual or possible conflict of interest at the earliest possible
instance. New land conservation projects are brought to the Board early in
the process to specifically ask if any director has a potential conflict of
interest. Any potential conflicts of interest are investigated and
discussed as per the direction in the policy, and all discussions are
documented in minutes of the the Board and Committee meetings, including
any recommendations. Subsequent to the information gathering phase, any
director or staff with a potential conflict of interest absents themselves
from the discussions and voting on the issue.

Name of the organization	Employer identification number
Georges River Land Trust	01-0424837
Form 990, Part VI, Section B, Line 15a:	4,
The organization does not have an executive director.	Three director
positions share the leadership role of Executive Direct	tor.
The co-lead Director of Operations and co-lead Directo	r of Partnerships'
performance is reviewed by the full Board of Directors	. Depending upon the
solvency of the Organization and the performance evalu	ation, an increase in
salary would be voted upon by the Board. In October, w	hen the next year's
budget is planned, a further evaluation would be made	as to the feasability
of a raise in salary.	
·	
For other employees, there is a yearly performance rev	iew. Depending upon
this and the financial strength of the Organization, sa	alary increases are
voted upon by the Board.	
Form 990, Part VI, Section C, Line 19:	
The Organization's governing documents, tax returns and	d other relevant
items are available for public inspection on its websit	e or in the office
during normal business hours upon request.	
Form 990, Part XII, Line 2c	
The audit oversight has not changed from the previous y	

### Form **8868** (Rev. January 2024)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions. All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or Print 01-0424837 Georges River Land Trust File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your P.O.Box B return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 04841 Rockland, ME 01 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application is For Return Application Is For Code Code Form 4720 (other than individual) 09 Form 990 or Form 990-EZ 01 10 Form 5227 Form 4720 (individual) 11 Form 6069 Form 990-PF 12 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 13 06 Form 5330 (individual) Form 990-T (trust other than above) 14 07 Form 5330 (other than individual) Form 990-T (corporation) Form 1041-A After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of The Organization P.O.Box B - Rockland, ME 04841 Telephone No. 207-594-5166 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box \_\_\_\_ and attach a list with the names and TINs of all members the extension is for. request an automatic 6-month extension of time until November 15, 20, 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 23 or \_\_ , 20 \_\_\_\_ , and ending \_\_\_ tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less За any nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 0. using EFTPS (Electronic Federal Tax Payment System), See instructions. Form 8868 (Rev. 1-2024) For Privacy Act and Paperwork Reduction Act Notice, see instructions.