### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

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 a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

Autom	atic 6-Month Extension of Time. Only subr	mit origin	al (no copies needed).				
All corpo	rations required to file an income tax return other than I	Form 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts		
must use	Form 7004 to request an extension of time to file incor	me tax retu	rns.				
Type or	Name of exempt organization or other filer, see instr	Taxpayer	identification num	ber (TIN)			
print	<u> </u>						
File by the	Georges River Land Trust				01-042483	37	
due date for filing your return. See							
instructions	Rockland, ME 04841	_					
Enter the	Return Code for the return that this application is for (f	file a separa	ate application for each return)			0 1	
Applicat	ion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	)-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990	)-PF	04 Form 5227				10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	a) or 408(a) trust) 05 Form 6069					
Form 990	O-T (trust other than above) The Organizati	06	Form 8870			12	
Teleph  If the	books are in the care of $ ightharpoonup 8$ North Main Some No. $ ightharpoonup 207-594-5166$ organization does not have an office or place of busines is for a Group Return, enter the organization's four digital lift is for part of the group, check this box	ss in the Uit	Fax No. ▶nited States, check this box	f this is fo	r the whole group,		
the	equest an automatic 6-month extension of time until $\underline{x}$ organization named above. The extension is for the orange $\underline{x}$ calendar year $\underline{2020}$ or $\underline{x}$ tax year beginning	ganization'	$rac{ extbf{mber }15$ , $2021$ , to file s return for:	e the exem	npt organization ret	urn for	
2 If ti	ne tax year entered in line 1 is for less than 12 months,  Change in accounting period	check reas	son: Initial return	Final retur	n		
3a If ti	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	0, or 6069,	enter the tentative tax, less				
	nonrefundable credits. See instructions.			3a	\$	0.	
b If the	nis application is for Forms 990-PF, 990-T, 4720, or 606	39, enter an	y refundable credits and				
<u>e</u> st	imated tax payments made. Include any prior year over	rpayment a	allowed as a credit.	3b	\$	0.	
c Ba	lance due. Subtract line 3b from line 3a. Include your p	payment wit	th this form, if required, by				
usi	ng EFTPS (Electronic Federal Tax Payment System). Se	ee instructi	ons.	3с	\$	0.	
	If you are going to make an electronic funds withdrawa				т		

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

Form 8868 (Rev. 1-2020)

#### \*\* PUBLIC DISCLOSURE COPY \*\*

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)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	e 2020 calendar year, or tax year beginning and e	nding	_		
В	Check if applicabl	C Name of organization		D Employer identific	cation number	
	Addre	Georges River Land Trust				
	Name chang			01-04248	37	
	Initial return		Room/suite	E Telephone number	r	
	Final return			207-594-		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,205,782.	
	Amen	ROCKIANG, ME 04041		H(a) Is this a group re		
	Application pendir			for subordinates	? Yes X No	
		same as c above		<b>H(b)</b> Are all subordinates in	ncluded? Yes No	
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1)$ or	527	1	list. See instructions	
		te: ▶ www.georgesriver.org		H(c) Group exemption		
		organization: X Corporation Trust Association Other ►	<b>L</b> Year	of formation: 1987 N	1 State of legal domicile: ME	
P	art I	Summary	<del></del> .	f O	- Di	
e		Briefly describe the organization's mission or most significant activities: The m				
ğ		Land Trust is to conserve the ecosystems				
Governance		Check this box if the organization discontinued its operations or dispose		1 1	ssets.	
Ĝ				3	10	
∞		Number of independent voting members of the governing body (Part VI, line 1b)  Total number of individuals employed in calendar year 2020 (Part V, line 2a)			9	
ij		Total number of volunteers (estimate if necessary)			76	
Activities	7 2	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.	
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
-	<del>  ~</del>	The difference business taxable meeting from each 1,1 are 1, mile 11		Prior Year	Current Year	
a)	8	Contributions and grants (Part VIII, line 1h)		772,885.	1,055,463.	
ň		Program service revenue (Part VIII, line 2g)		0.	0.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		30,089.	36,772.	
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,460.	4,997.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		814,434.	1,097,232.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\dots$		317,963.	266,014.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ă	b	Total fundraising expenses (Part IX, column (D), line 25)   67,78	8.	100 050	F.4.F. 0.0.2	
ш	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		198,850.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		516,813.	811,837.	
	19	Revenue less expenses. Subtract line 18 from line 12		297,621.		
ts o		Total accepts (Deck V. Bro. 40)	Be	ginning of Current Year 6,218,456.	End of Year 6,107,453.	
Net Assets or Find Balances	20	Total assets (Part X, line 16)  Total liabilities (Part X, line 26)		32,916.	26,388.	
let/	21	Net assets or fund balances. Subtract line 21 from line 20		6,185,540.	6,081,065.	
P	art II	Signature Block		0,200,0101	0,002,0000	
		lties of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the best of m	knowledge and belief, it is	
		t, and complete. Declaration of preparer (other than officer) is based on all information of whic				
Sig	ın	Signature of officer		Date		
He	re	Bruce Sigsbee, Treasurer				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	1.1	Date Check	PTIN	
Pai		David J. Shorette, CPA // Wid / Shore	<i>U/te</i> 0	8/02/21 if self-employe	P00086553	
	parer	Firm's name Purdy Powers & Company /	- 4	Firm's EIN	01-0463013	
Use	Only	Firm's address 130 Middle Street			7 775 2406	
		Portland, ME 04101		Phone no. 20	7-775-3496	
Ма	y the If	RS discuss this return with the preparer shown above? See instructions			X Yes No	

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Georges River Land Trust's mission is to conserve the ecosystems
	and traditional heritage of the Georges River Watershed Region through
	permanent land protection, stewardship, education, and outdoor
	experiences.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 476, 287. including grants of \$ ) (Revenue \$ )
	The land protection program serves the membership of GRLT and
	participating landowners by working to protect high value conservation
	lands throughout the St George River Watershed. GRLT has a
	community-based approach to land protection, which is guided by
	strategic planning and operated in compliance with land trust alliance
	standards and practices. GRLT focuses its land conservation efforts in
	the highest value areas of the watershed as determined through a
	conservation planning process. The land protection program collaborates
	with the stewardship program on community and landowner outreach,
	stewardship budgets, baseline data for protected lands, easement
	amendments and landowner visits. GRLT participates in a variety of forums, including meetings with landowners and their advisors,
<del></del>	72.000
4b	(Code:) (Expenses \$73,858. including grants of \$) (Revenue \$)  The stewardship program is responsible for the management of fee-owned
	preserves and conservation easements. GRLT has a community-based
	approach to the land stewardship program, which is guided by strategic
	planning and operated in compliance with land trust alliance standards
	& practices. GRLT works to accomplish established goals and
	collaborates with the land protection program on cummunity and
	landowner outreach, baseline data for preserves, annual monitoring of
	easements and preserves, easement amendments and landowner visits.
	- Casemeres and preserves, casemere americaneres and randowner visits.
4c	(Code: ) (Expenses \$ 7,596 • including grants of \$ ) (Revenue \$ )
	GRLT uses education and outreach programs to engage local residents and
	families in outdoor exploration of special places in the watershed. In
	addition, GRLT hosted a series of walks and talks during the year,
	encouraging members and the general public to explore the St. George
	River Watershed and learn about many diverse topics such as wildlife
	habitats, preservation of farmland, logging and recreational fishing.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 81,164 • including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 638,905.

# Form 990 (2020) Georges River Land Trust Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 25
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7	х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	10		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	- 1.00		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

# Form 990 (2020) Georges River Land Trust Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			.,
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	00-		x
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			X
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		<del>  _,</del>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		٦,	
Dai	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Chook is Confedule C Contains a response of note to any line in this Fart v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 13			1.40
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		Х

# Form 990 (2020) Georges River Land Trust 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	<b>2</b> a 9							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X				
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad				X				
5a	, , , , , , , , , , , , , , , , , , , ,								
b	, , , , , , , , , , , , , , , , , , , ,								
С	, , , , , , , , , , , , , , , , , , , ,								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-	_		v				
	any contributions that were not tax deductible as charitable contributions?		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	-							
_	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the pover?	7-		Х				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services," did the organization notify the donor of the value of the goods or services provided?		7a 7b						
D	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7.0		<del>                                     </del>				
·	to file Form 8282?	•	7c	х					
d		7d 4	70						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х				
g g									
h									
8									
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	1							
а	<b>,</b>	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	, , , , , , , , , , , , , , , , , , , ,	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	,	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10-						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
<b>L</b>	<b>Note:</b> 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	13h							
^		13b 13c							
			14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	e O	14b		<del></del>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		טדּו						
	excess parachute payment(s) during the year?		15		x				
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	: income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.								
				200					

Form 990 (2020)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
	<u> </u>		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.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?							
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
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		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
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						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
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	) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website X Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finar	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  8 North Main Street Suite 200 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 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 and/or Box 7 of Form 1099-MISC) 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.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week (list any					T	T	from the	from related organizations	other compensation
	hours for	direct				- - - -		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	,	organization
	organizations	al trus	nal trı		loyee	omp				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Margaret Rasmussen	line) 40.00	Ĕ	Ë	ij.	종	弄声	요			
Executive Director	40.00			x				49,784.	0.	5,850.
(2) Alvin Chase	10.00							45,704.	•	3,030.
President		x		x				0.	0.	0.
(3) Lucy Crocker Abisalih	5.00			<del> </del>				0.0		
Vice President		x		x				0.	0.	0.
(4) Bruce Sigsbee	5.00									
Treasurer		х		х				0.	0.	0.
(5) Jeanne Klainer	5.00									
Secretary		Х		Х				0.	0.	0.
(6) Steve Hirshberg	1.00									
Director		Х						0.	0.	0.
(7) Gail Presley	3.00									_
Director		Х						0.	0.	0.
(8) Debbie Rogers	3.00							_	_	_
Director		Х						0.	0.	0.
(9) Scott Sullivan	3.00									
Director	1 00	Х						0.	0.	0.
(10) David Theriault	1.00									•
Director	1 00	Х						0.	0.	0.
(11) David Williams	1.00	٠,,							0	0
Director		Х						0.	0.	0.
						-				
		$\vdash$	$\vdash$	$\vdash$		$\vdash$	$\vdash$			
		1								
		L	L	L	L	L	L			
										- 000

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Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	(do box	(C) Position (do not check more than box, unless person is bot officer and a director/trus				one th an	( <b>D)</b> Reportable compensation from	(E) Reportable compensatio from related	on	an	(F) stimate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI				e ion ed
						×								
			<u> </u>											
			<u> </u>											
			<u> </u>											
С	Subtotal  Total from continuation sheets to Part VI	II, Section A							49,784. 0. 49,784.		0.		5,8	0.
2	Total (add lines 1b and 1c)  Total number of individuals (including but no compensation from the organization									0,000 of reportab	-		<u>J, O.</u>	0
3	Did the organization list any <b>former</b> officer,	director, trust	ee, l	key e	emp	loye	e, o	r hic	ghest compensated emp	oloyee on	١		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch individual										3		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue comper	nsat	ion 1	from	any	/ uni					4		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	<u>e J f</u>	for s	uch	pers	son					5		Х
1	Complete this table for your five highest co the organization. Report compensation for	-	-								npens	ation f	from	
	(A) Name and business	address	N	INC	3				(B) Description of s	ervices	С	(C Compe	C) nsatio	n
2	Total number of independent contractors (i	-	not li	mite	d to		se li	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organi	zation 🚩												

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 92,657. **b** Membership dues ..... 1b 201. c Fundraising events ..... 1d d Related organizations 54,300. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 908,305 similar amounts not included above 1f 42,297 g Noncash contributions included in lines 1a-1f 1g \$ 1,055,463. h Total. Add lines 1a-1f .... **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and 4,622. 4,622. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory  $_{7a}$  126,631. 9,080. b Less: cost or other basis Other Revenue 7b 103,561. and sales expenses 7c 23,070. 9,080. c Gain or (loss) 23,070. 32,150. 9,080. d Net gain or (loss) 8 a Gross income from fundraising events (not 201. of including \$ contributions reported on line 1c). See 4,989. Part IV, line 18 4,989. **b** Less: direct expenses \_\_\_\_\_ 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 4,151. 11 a Miscellaneous Income 900099 4,151 b Merchandise Sales 900099 846. 846. С d All other revenue 4,997. e Total. Add lines 11a-11d ..... 1,097,232. 9,080. 32,689. Total revenue. See instructions 12

Form 990 (2020) Georges River Land Trust 01

Part IX Statement of Functional Expenses

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

-	Check if Schedule O contains a respon				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			g	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	40 704	21 027	0 202	0 265
	trustees, and key employees	49,784.	31,037.	9,382.	9,365.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	176,059.	109,760.	33,181.	33,118.
7	Other salaries and wages	110,009.	109,100.	33,101.	33,110.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,476.	1,544.	467.	165
9	Other employee benefits	20,631.	12,862.	3,888.	465. 3,881.
		17,064.	10,638.	3,216.	3,210.
10 11	Payroll taxes Fees for services (nonemployees):	17,0010	10,030.	3,210.	3,210.
	Management				
	Legal	8,401.	2,393.	5,225.	783.
	Accounting	20,567.	5,859.	12,790.	1,918.
	Lobbying		. ,	,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	12,023.		12,023.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	4,217.	1,201.	2,623.	393.
12	Advertising and promotion				
13	Office expenses	2,946.	1,858.	551.	537.
14	Information technology				
15	Royalties				
16	Occupancy	19,425.	12,252.	3,635.	3,538.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	16,549.	15,659.	695.	195.
22	Depreciation, depletion, and amortization	16,349.	13,583.	2,485.	654.
23	Other eveness Itamize eveness not severed	10,722.	13,303.	2,403.	054.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.)  Impairment Loss	385,982.	385,982.		
d h	Property & Program Expe	22,410.	22,410.		
D	Miscellaneous Operating	12,467.	49.	9,193.	3,225.
d	Printing & Postage	9,621.	5,035.	2,230	4,586.
_	All other expenses	14,493.	6,783.	5,790.	1,920.
25	Total functional expenses. Add lines 1 through 24e	811,837.	638,905.	105,144.	67,788.
26	<b>Joint costs.</b> Complete this line only if the organization		-	-	<u> </u>
•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					F 000 (0000)

# Form 990 (2020) Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			170,157.	1	452,514.
	2	Savings and temporary cash investments			25,468.	2	24,172.
	3	Pledges and grants receivable, net		126,600.	3	156,355.	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese per	sons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in se	ection 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			3,688.	8	3,459.
Ř	9	Prepaid expenses and deferred charges			8,154.	9	10,042.
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	162,436.			
	b	Less: accumulated depreciation	10b	63,752.	109,187.	10c	98,684.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			5,775,202.	15	5,362,227.
	16	Total assets. Add lines 1 through 15 (must e	qual line	33)	6,218,456.	16	6,107,453.
	17	Accounts payable and accrued expenses			32,916.	17	14,388.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for					
≣		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t	hese per	sons		22	10.000
_	23	Secured mortgages and notes payable to un		F		23	12,000.
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24	4). Complete Part X			
		of Schedule D		·····	22 016	25	26 200
	26	Total liabilities. Add lines 17 through 25			32,916.	26	26,388.
S		Organizations that follow FASB ASC 958, o	check he	ere 🕨 🔼			
ğ		and complete lines 27, 28, 32, and 33.			1,219,024.		1 202 272
ala	27				4,966,516.	27	1,382,372. 4,698,693.
P P	28	Net assets with donor restrictions			4,900,310.	28	4,030,033.
μ̈		Organizations that do not follow FASB ASC	3 958, cr	neck nere			
٥		and complete lines 29 through 33.	-1-			00	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun				29	
\SS.	30	Paid-in or capital surplus, or land, building, or	F		30		
et /	31	Retained earnings, endowment, accumulated		• • • • • • • • • • • • • • • • • • • •	6,185,540.	31	6,081,065.
Z	32	Total liabilities and not assets/fund balances			6,218,456.	32	6,107,453.
	33	Total liabilities and net assets/fund balances			0,210,430.	33	0,107,433.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,09					
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,8				
3	Revenue less expenses. Subtract line 2 from line 1	3		5,3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,18	5,5 6,3				
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6		8,1	10.			
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-524,366.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	6,08	1,0	65.			
Pa	rt XII Financial Statements and Reporting	·						
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		. 3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b					

Form **990** (2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization Georges River Land Trust 01-0424837 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

## 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	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1363045.	527,377.	463,127.	798,179.	1055463.	4207191.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	1363045.	527,377.	463,127.	798,179.	1055463.	4207191.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						737,018.		
	Public support. Subtract line 5 from line 4.						3470173.		
	ction B. Total Support		1		•				
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
7	Amounts from line 4	1363045.	527,377.	463,127.	798,179.	1055463.	4207191.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,		4 400	0 670	- 400	4 600	05 540		
	and income from similar sources $\dots$	2,977.	4,129.	8,673.	5,109.	4,622.	25,510.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)						1000001		
11	<b>Total support.</b> Add lines 7 through 10						4232701.		
12	Gross receipts from related activities,		,			12	37,194.		
13	First 5 years. If the Form 990 is for the	•		•	•				
_	organization, check this box and stor	here					<u></u> ▶□		
	ction C. Computation of Publ					г т	01 00		
	Public support percentage for 2020 (					14	81.98 %		
	Public support percentage from 2019					15	53.82 %		
16a	33 1/3% support test - 2020. If the o	-							
	stop here. The organization qualifies								
b	33 1/3% support test - 2019. If the								
	and <b>stop here.</b> The organization qual								
17a	10% -facts-and-circumstances tes								
	and if the organization meets the fact		*	-	•	VI how the organiz	ation		
	meets the facts-and-circumstances to	· ·	•						
b	10% -facts-and-circumstances tes	_					10% or		
	more, and if the organization meets the				-				
	organization meets the facts-and-circ			•					
18	<b>Private foundation.</b> If the organization	on did not check a b	box on line 13, 16	a. 16b. 17a. or 17b	<ul> <li>check this box a</li> </ul>	and see instruction	s ▶II		

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

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

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(6) 2017	(6) 2018	(u) 2019	(e) 2020	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						<u> </u>
3	are not an unrelated trade or bus-						
	iness under section 513						
4							<del>                                     </del>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						_
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						<del>                                     </del>
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
L	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1	1		1
	indar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
102	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
							<u></u> ▶∟⊥
	ction C. Computation of Publi					l I	
	Public support percentage for 2020 (li					15	%
	Public support percentage from 2019					16	<u>%</u>
<u>Se</u>	ction D. Computation of Inves					T .= I	
17						17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2020. If the						17 is not
	more than 33 1/3%, check this box an						▶□
k	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶∟

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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		
	2		
	3a		
	3b		
	35		
	3с		
	30		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	6		
	-		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
m 9	90 or 99	90-EZ	2020

Par	rt IV   Supporting Organizations (continued)			
	, (common,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	•	•	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on	e or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	cers,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	ortod		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporting organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru	ctions).		
а				
b			,	
C		/ (see instructio		L
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
b	that these activities constituted substantially all of its activities.  Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	2a		
b	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
a	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- Gu		

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ig Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	tV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ıed)	
Secti	ion D -	- Distributions		•		Current Year
1	Amou	unts paid to supported organizations to accomplish exe	mpt purposes		1	
2		unts paid to perform activity that directly furthers exemp				
	organ	nizations, in excess of income from activity			2	
3	Admii	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amou	unts paid to acquire exempt-use assets		4		
5	Qualit	fied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		distributions (describe in Part VI). See instructions.	·		6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8	Distril	butions to attentive supported organizations to which the	ne organization is responsive	Э		
	(provi	de details in Part VI). See instructions.			8	
9	Distril	butable amount for 2020 from Section C, line 6			9	
10	Line 8	3 amount divided by line 9 amount			10	
Secti	Section E - Distribution Allocations (see instructions)  (i)  (ii)  Underdistribution Pre-2020				าร	(iii) Distributable Amount for 2020
1	Distril	butable amount for 2020 from Section C, line 6				
2	Unde	rdistributions, if any, for years prior to 2020 (reason-				
	able o	cause required - explain in Part VI). See instructions.				
3	Exces	ss distributions carryover, if any, to 2020				
а	From	2015				
b	From	2016				
С	From	2017				
d	From	2018				
е	From	2019				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2020 distributable amount				
i	Carry	over from 2015 not applied (see instructions)				
j	Rema	ainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distril	outions for 2020 from Section D,				
	line 7	: \$				
а	Applie	ed to underdistributions of prior years				
b	Applie	ed to 2020 distributable amount				
С	Rema	ainder. Subtract lines 4a and 4b from line 4.				
5	Rema	aining underdistributions for years prior to 2020, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than a	zero, explain in Part VI. See instructions.				
6	Rema	aining underdistributions for 2020. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
	Part \	VI. See instructions.				
7	Exce	ss distributions carryover to 2021. Add lines 3j				
	and 4	c.				
8	Break	down of line 7:				
а	Exces	ss from 2016				
b	Exces	ss from 2017				
С	Exces	ss from 2018				

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

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

OMB No. 1545-0047

2020

Employer identification number

Georges River Land Trust 01-0424837 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

Georges River Land Trust

01-0424837

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$66,454.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$64,674 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$36,361.	Person X Payroll

Name of organization

Georges River Land Trust

01-0424837

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional copies of Part	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$31,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Hame, address, and 2n + 4	\$26,000.	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
9		\$\$22,400.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
140.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions

Name of organization Employer identification number

# Georges River Land Trust

01-0424837

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-25		\$	990 990-F7 or 990-PF) (202

Employer identification number

Name of organization

Georges River Land Trust 01-0424837 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Georges River Land Trust

Employer identification number 01-0424837

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
_	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		• •
	X Protection of natural habitat	Preservation o	f a certified historic structure
	X Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2 22 5 5
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year ▶2		
_	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		<b>v</b>
•	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,  188	, nandling of violations, and enforcing cor	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand $\blacktriangleright$ \$ 8 , 5 4 5 .	dling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$0.
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		0 000 100

	t III Organizations Maintaining C	Collections of Ar		easures. c	r Other	Similar As	sets/conti		age <b>z</b>
3			-				•		
·	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):								
а	<b>v</b>								
b	Scholarly research	e	Other	nango progra					
c	Preservation for future generations	J							
4									
5									
·	to be sold to raise funds rather than to be ma						Yes	X	Nο
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or								
	reported an amount on Form 990, Pal		to ii ti lo organizatio	ii anoworda	100 0111	om ooo, r are	11,		
	Is the organization an agent, trustee, custod		iary for contribution	s or other as	sets not in	ıcluded			
	on Form 990, Part X?						Yes		□No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
~	Too, explain the arrangement in traction	and complete the for	iowing table.				Amour	nt	
c	Beginning balance					1c	7 111001		
	Additions during the year					1d			
	Distributions during the year					1e			
	Ending balance					1f			
	Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII.				-		100	Ē	Ī
	rt V Endowment Funds. Complete i								
		(a) Current year	(b) Prior year	(c) Two year		) Three years ba	ıck <b>(e)</b> Fou	r vears	s hack
1a	Beginning of year balance	390,222.	194,425.	, ,	995.	161,50	<del></del>		,662.
	Contributions	5,000.	226,116.			19,00			,000.
	Net investment earnings, gains, and losses	27,801.	29,681.		5,570.	19,48			,847.
	Grants or scholarships			_	,	,			, •
	Other expenditures for facilities								
٠	·		60,000.						
	and programs Administrative expenses		00,000.						
		423,023.	390,222.	194	,425.	199,99	15	161	,509.
g 2	Provide the estimated percentage of the curr				, 123.	133,33	· · · · · · · · · · · · · · · · · · ·		,,,,,,
	Board designated or quasi-endowment	23.4000	s (interry, column (a %	ij) Heid as.					
	Permanent endowment > 76.6000	%							
	•	<sup>70</sup>							
C	The percentages on lines 2a, 2b, and 2c sho	, -							
20	Are there endowment funds not in the posse	· ·	tion that are hold a	nd administs	rad for tha	organization			
Sa	·	ssion of the organiza	illon that are nelu a	nu auministe	red for the	Gryanization		Yes	TNo
	by:						3a(i)	X	No
	(i) Unrelated organizations								X
h	(ii) Related organizations	ations listed as requir	od on Sobodulo D2				3a(ii)		+
<i>1</i>	Describe in Part XIII the intended uses of the						30		
Pai	t VI Land, Buildings, and Equipm		willett fulfus.						
ı u	Complete if the organization answere		Dart IV line 11a S	200 Form 000	Dort V lir	20.10			
							(d) Dog	de vede	
	Description of property	(a) Cost or ot basis (investm	` '			umulated eciation	( <b>d</b> ) Boo	ok valu	je 
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment		16	2,436.	(	53,752.	9	8,6	84.
	Other								
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)			9	8,6	84.
	• ' '		1 //						

Complete if the organization answered "Yes"			af a
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)  Table (Cal. (h) report a great Favor 2000, Part V. and (D) line 10.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
	5 000 D 1 1 1 1 1 1 1	44 O E 000 B 1 V II 40	
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of year market value
	(b) Book value	(c) Wethod of Valuation. Cost of end-	oryear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11d See Form 990 Part X line 15	
	Description	Tra. Gee Form 556, Fait X, line 15.	(b) Book value
(1) Property for Conservation			1,889,666.
(i) Property for compertuation (2) Artwork	•		2,207,186.
(3) Beneficial Interest in Pe	rpetual Trust	-	278,127.
(4) Deposits			2,000.
(5) Beneficial Interest in As	sets Held by	Others	748,248.
(6) Grantor Retained Life Est		00110110	237,000.
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15 )		5,362,227.
Part X Other Liabilities.	C 70.7		0,00=,==:
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)	<b>L</b>	
2. Liability for uncertain tax positions. In Part XIII, provide	•	-	nat 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) 2020

Scriedule D	(FUIII 990) 2020	GCGEGCB	111 1 0 1	пана	11 45 6	V <b>T</b>	0 1 2
Part XI	Reconciliation of	f Revenue p	er Audited	d Financ	ial Statements	With Revenue per Retur	n.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	1,224,694	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	126,386.		
b	Donated services and use of facilities	2b	8,110.		
С	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d	4,989.		
е	Add lines 2a through 2d		2e	139,485	
3	Subtract line 2e from line 1		3	1,085,209	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,023.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b	4c	12,023		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,097,232		

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

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

1	Total expenses and losses per audited financial statements	1	804,803.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	4,989.		
	Add lines 2a through 2d			2e	4,989.
3	Subtract line 2e from line 1			3	799,814.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,023.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	12,023.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	5	811,837.		

#### Part XIII Supplemental Information.

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

#### Part II, Line 3:

The organization acquired 2 new easements: O'Neil Easement (70 acres) and Burdina Easement (52 acres).

#### Part II, line 9:

Georges River Land Trust does not recognize revenue from the contribution of easements, nor is the easement recorded on the Organization's balance sheet as an asset. Purchased easements are expensed in the year of purchase.

#### Part V, line 4:

During 2010, GRLT established a permanent endowment fund to provide financial resources in the future to fund mission-related activities.

Part VIII Complemental Information ( )	
Part XIII Supplemental Information (continued)	
The Organization is the sole beneficiary of the Gibson Preserve Trust	t,
held and administered by a local bank. The Trust was established by	the
donor for use in stewardship of land he donated to the Organization.	
Part X, Line 2:	
Management of the Organization believes it has no material uncertain	tax
positions and, accordingly, it will not recognize any liability for	
unrecognized tax benefits.	
Part XI, Line 2d - Other Adjustments:	
Fundraising Expenses Netted with Revenue	4,989.
Part XII, Line 2d - Other Adjustments:	
Fundraising Expenses Netted with Revenue	4,989.

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization Georges River Land Trust Employer identification number 01 - 0424837

Pai	rt I Types of Property						
-		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of dete	rminina	
		applicable	contributions or	amounts reported on	noncash contribution	•	nts
			items contributed	Form 990, Part VIII, line 1g			
1	Art - Works of art	X		4,400.	F.W∧		
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures	X	3	27 907	Appraisal		
14	Qualified conservation contribution - Other		3	31,031.	Appraisai		
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ( )						
27	Other ()						
28	Other ( )						
29	Number of Forms 8283 received by the organi						
	for which the organization completed Form 82	83, Part V, L	Donee Acknowledg	gement 29		Va	. No
20-	During the year did the examination receive h	v oontributie	an any nyanasty sa	acutad in Dort I lines 1 throu	ab 00 that it	Yes	No No
30a	During the year, did the organization receive b	•		·	~ ·		
	must hold for at least three years from the dat					0a	x
<b>L</b>	exempt purposes for the entire holding period	٠				oua	1 22
	If "Yes," describe the arrangement in Part II.  Does the organization have a gift acceptance	naliov that r	oguiros tha raviou	of any populandard contribu	rtions?	31	x
31						31	+**
o∠d	Does the organization hire or use third parties contributions?			•		2a	l x
h						za	122
	If "Yes," describe in Part II.  If the organization didn't report an amount in c	column (c) fo	ir a type of proport	y for which column (a) is obs	ocked		
33		Joiumm (C) TO	ı a type oi propert	y for writeri columni (a) is che	ioneu,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

Schedule M	l (Form 990) 2020	Georges	River	Land	Trust			01-042	4837	Page 2
Part II	Supplementa	I Information	Provide the	ne informat	ion required by	y Part I, lines 30b, 32 per of items received	2b, and 33, I, or a comb	and whether to ination of both	he organizat n. Also comp	tion

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

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 Executive Director 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 Executive Director 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  Georges River Land Trust	Employer identification number 01-0424837						
Form 990, Part VI, Section B, Line 15a:							
The Executive Director's performance is reviewed by the full Board of							
Directors. Depending upon the solvency of the Organization	n and the						
performance evaluation, an increase in salary would be vo	ted upon by the						
Board. In October, when 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 review	. Depending upon						
this and the financial strength of the Organization, sala	ry increases are						
voted upon by the Board.							
Form 990, Part VI, Section C, Line 19:							
The Organization's governing documents, tax returns and o	ther relevant						
items are available for public inspection on its website	or in the office						
during normal business hours upon request.							
Form 990, Part XI, line 9, Changes in Net Assets:	_						
Prior Period Adjustment	-524,366.						
Form 990, Part XII, Line 2c							
The audit oversight has not changed from the previous year	r.						