** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

▶ 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.

and ending

Open to Public Inspection

B (Check if pplicable:	C Name of organization	D								
	⊓Address	Georges River Land Trust									
	change Name change	Doing business as		01-04248	37						
	Initial return	Š	Room/suite	E Telephone number							
	Final return/	8 North Main Street, Suite 200	110011/3uito	207-594-5166							
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,929,993.						
	Amende			H(a) Is this a group re							
	Applica-			for subordinates? Yes X No							
	pending	same as C above		H(b) Are all subordinates in							
T 1	Гах-ехег	npt status: $X = 501(c)(3)$ $501(c)()$ (insert no.) $4947(a)(1)()$	or 527	1	list. See instructions						
J١	Nebsite	:▶ www.georgesriver.org		H(c) Group exemption							
KF	orm of o	rganization: X Corporation Trust Association Other	L Year	of formation: 1987 N	State of legal domicile: ME						
Pa		Summary									
•	1 B	riefly describe the organization's mission or most significant activities: $\overline{ ext{The}}$	missio	n of George	s River						
Activities & Governance	<u>I</u>	Land Trust is to conserve the ecosystems and traditional heritage of									
ern	2 C	heck this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as							
Š	1			3	10						
ø		umber of independent voting members of the governing body (Part VI, line 1b)			10						
ies		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			10						
Ε̈́Ξ		otal number of volunteers (estimate if necessary)			60						
Aci		otal unrelated business revenue from Part VIII, column (C), line 12			0.						
	b N	et unrelated business taxable income from Form 990-T, Part I, line 11									
	, ,	entributions and grants (Part VIII line 1b)		Prior Year 1,055,463.	Current Year 695, 244.						
Revenue		ontributions and grants (Part VIII, line 1h)		0.	0,5,244.						
ver		rogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d)		36,772.	70,009.						
æ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,997.	2,543.						
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,097,232.	767,796.						
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
v		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		266,014.	301,662.						
nse		rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
Expenses		otal fundraising expenses (Part IX, column (D), line 25)	19.								
ш	1	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		545,823.	162,887.						
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		811,837.	464,549.						
	19 R	evenue less expenses. Subtract line 18 from line 12		285,395.	303,247.						
s or			Ве	ginning of Current Year	End of Year						
Net Assets Fund Balanc	20 T	otal assets (Part X, line 16)		6,107,453.	6,663,060.						
at As	21 T	otal liabilities (Part X, line 26)		26,388.	82,081.						
		et assets or fund balances. Subtract line 21 from line 20		6,081,065.	6,580,979.						
		Signature Block			. Imposite days and halist it is						
	-	es of perjury, I declare that I have examined this return, including accompanying schedule: and complete. Declaration of preparer (other than officer) is based on all information of wh			/ Knowledge and Deller, it is						
uuc,	, correct,	and complete. Declaration of preparer (other than officer) is based on an information of wi	iicii preparei	lias ally kilowieuge.							
Sig	_	Signature of officer		I Date							
Her	1.	Bruce Sigsbee, Treasurer									
He	·	Type or print name and title									
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN						
Paid		avid J. Shorette, CPA	lo	8/04/22 if self-employed	P00086553						
Pre		irm's name ▶ Purdy Powers & Company		Firm's EIN	01-0463013						
Use Only Firm's address 130 Middle Street											
		Portland, ME 04101		Phone no. 20	7-775-3496						
May	the IRS	S discuss this return with the preparer shown above? See instructions			X Yes No						

Total program service expenses ▶

269,167.

Form 990 (2021) 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)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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,		37	
	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		v	
•	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?	9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		22
10	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,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	77
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		v	
40	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	10-		X
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		22
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_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,"	40		X
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 '`
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	• • • • • • • • • • • • • • • • • • •			

Form 990 (2021) Georges River Land Trust Part IV Checklist of Required Schedules (continued)

				Τ	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	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	04-		Х	
h	Schedule K. If "No," go to line 25a	24a 24b		122	
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240			
·	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			
	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		Х	
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			l	
	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%	00		Х	
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		21	
ZI	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 the 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		X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			X	
20	"Yes," complete Schedule L, Part IV	28c 29		X	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		21	
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		X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			_ v	
05 -	Part V, line 1	34		X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u> </u>	
b	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?	00.0			
	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					
Da	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X		
Pal					
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No	
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10		res	INO	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	10		х	

Georges River Land Trust Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2 a	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	-	v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2-		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3a 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
44	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	T a		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	X	
	If "Yes," indicate the number of Forms 8282 filed during the year 7d 1	l _		v
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		^
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	х	
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
0	sponsoring organizations maintaining donor advised rands. Did a donor advised rand maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the 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.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		000	1055
13200	5 12-09-21	Forn	1 990	(2021)

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.					
h	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	_				
Ū	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		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X		
	6 Did the organization have members or stockholders?					
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		Х		
<i>,</i> a	more members of the governing body?	7a		Х		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74				
	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:					
	The governing body?	8a	Х			
b	Each committee with authority to act on behalf of the governing body?	8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	05				
Ū	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.)					
	and the control of th		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		X		
	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			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х			
	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					
	on Schedule O how this was done	12c	Х			
13	Did the organization have a written whistleblower policy?	13	Х			
14	Did the organization have a written document retention and destruction policy?	14	Х			
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	Х			
	Other officers or key employees of the organization	15b		X		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar 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) availa	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, and	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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	on nor any related	orga	aniza			npe	nsat	ted any current officer, o	director, or trustee.	
(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	son is both an rector/trustee)		compensation	compensation	amount of
	week	_					<u> </u>	from the	from related organizations	other compensation
	(list any hours for	direct				p		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	•	and related
	below	vidua	itutio	Je.	Key employee	hest c	ner			organizations
	line)	Indi	Inst	Officer	Key	Hig	윤			
(1) Margaret Rasmussen	40.00	1		l						45 055
Executive Director	1000			Х				50,614.	0.	15,355.
(2) Alvin Chase	10.00	ļ		l						
President		Х		Х				0.	0.	0.
(3) Lucy Crocker Abisalih	5.00	ļ								
Vice President		Х		Х				0.	0.	0.
(4) Bruce Sigsbee	5.00	ļ		l						
Treasurer		Х		Х				0.	0.	0.
(5) Scott Sullivan	5.00	ļ								
Secretary		Х		Х				0.	0.	0.
(6) Steve Hirshberg	1.50								_	
Director		Х						0.	0.	0.
(7) Gail Presley	1.50	ļ								
Director		Х						0.	0.	0.
(8) Debbie Rogers	1.50								_	
Director		Х						0.	0.	0.
(9) David Theriault	1.50	ļ								
Director		Х						0.	0.	0.
(10) David Williams	1.50	ļ								
Director	1	Х						0.	0.	0.
(11) Heather Deese	1.50	۱								•
Director		Х						0.	0.	0.
		4								
		1								
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				_			_			
		4								
		<u> </u>								
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Page 8

Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d H	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)	(C) Position		(D)	` ' ` ' '			(F)					
	Name and title	Average		not c	heck	more	than		Reportable	· ·				
		hours per week			oox, unless person is both an officer and a director/trustee)				compensation from	compensation from related		ar	nount of the control	of
		(list any	tor						the	organization		com	npensa	tion
		hours for	or dire				ted		organization	(W-2/1099-MI		fı	rom the	е
		related organizations	nstee (truste		ao	beusa		(W-2/1099-MISC/	1099-NEC)	ı ~	ganizati	
		below	Individual trustee or director	Institutional trustee		ploye	st co m		1099-NEC)			l	d relati anizatio	
		line)	Indivic	Institu	Officer	Key employee	Highest compensated employee	Former						00
						_								
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			1											
									50 644					
	Subtotal								50,614.		0.	$\frac{1}{}$	5,3	
	Total from continuation sheets to Part V								0. 50,614.		0.	1	5,3	0.
2	Total (add lines 1b and 1c) Total number of individuals (including but n								·	000 of roportal			J, J	55.
2	compensation from the organization	ioi iiiiiited to ti	1036	ilote	eu a	DOV	C) WI	110 11	eceived more than \$100	,,000 or reportat	ЛС			0
													Yes	No
3	Did the organization list any former officer,	director, trust	ee, I	key e	emp	loye	e, o	r hig	hest compensated emp	oloyee on	ļ			
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su	•							•	•				37
_	and related organizations greater than \$15											4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-			ted organization or indiv			5		Х
Sec	etion B. Independent Contractors	piete Geriedar	001	0, 0	4011	porc	3011							
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	cont	racto	ors t	that received more than	\$100,000 of cor	npens	ation	from	
	the organization. Report compensation for	the calendar y	ear	endi	ing v	with	or w	/ithir	n the organization's tax	year.				
	(A)	a al alua a a		~~~	_				(B)				C)	_
	Name and business	address	N	INC	Ľ.				Description of s	ervices	<u> </u>	ompe	nsatio	n ——
-												-	-	
											<u> </u>			
								\dashv			$\vdash \vdash$			
											1			
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organi						0		•					

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 **b** Membership dues 1b 120,825, 882. c Fundraising events 1c d Related organizations 1d 12,000. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 561,537. 1f g Noncash contributions included in lines 1a-1f 1g |\$ 695,244 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 29,051 29,051 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 1,186,320 3,900. **b** Less: cost or other basis Other Revenue and sales expenses 1,149,262. 7b 37,058. 3,900. c Gain or (loss) ______7c 37,058. 40,958. 3,900. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 12,935. **b** Less: direct expenses _____ 12,935. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances 10b **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a Miscellaneous Income 900099 1,887 1,887. b Merchandise Sales 900099 656 656. С d All other revenue 2,543 e Total. Add lines 11a-11d 767,796. Total revenue. See instructions 3,900. 68,652. 12

Form 990 (2021) Georges River Land Trust 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).

3601	Charle if Sahadula O contains a reason				Г
Da	Check if Schedule O contains a respon	(A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 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 and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	50,614.	32,973.	6,963.	10,678.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	206 522	124 520	20 /11	42 E72
7	Other salaries and wages	206,522.	134,539.	28,411.	43,572.
8	Pension plan accruals and contributions (include	3,896.	2,538.	536.	822.
0	section 401(k) and 403(b) employer contributions)	19,783.	12,888.	2,721.	4,174.
9 10	Other employee benefits Payroll taxes	20,847.	13,581.	2,868.	4,398.
11	Fees for services (nonemployees):	20,017.	13/3011	2,0001	1,000
	Management				
	Legal	2,373.	354.	1,713.	306.
	Accounting	16,301.	2,434.	11,757.	2,110.
	Lobbying		•		<u> </u>
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	16,544.		16,544.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	7,366.	1,100.	5,312.	954.
12	Advertising and promotion				
13	Office expenses	6,921.	4,419.	980.	1,522.
14	Information technology				
15	Royalties	10 500	12 402	2 005	1 102
16	Occupancy	19,500.	12,402.	2,995.	4,103.
17	Travel				
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20	Interest	68.		68.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,587.	15,949.	560.	78.
23	Insurance	17,689.	4,615.	12,654.	420.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Property & Program Expe	28,386.	28,386.		
b	Printing & Postage	9,889.	9.	2,267.	7,613.
С	Dues & Subscriptions	8,199.		4,071.	4,128.
d	Utilities	5,152.	1,814.	2,925.	413.
е	All other expenses	7,912.	1,166.	5,118.	1,628.
25	Total functional expenses. Add lines 1 through 24e	464,549.	269,167.	108,463.	86,919.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here fifollowing SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2021)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X ... (A) (B) Beginning of year End of year 452,514. 439,061. Cash - non-interest-bearing 1 24,172. 23,321. 2 Savings and temporary cash investments 156,355. 173,833. 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 3,459. 3,204. Inventories for sale or use 8 10,042. 8,375. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 180,101. basis. Complete Part VI of Schedule D _____ 10a 80,339. 98,684. 99,762. b Less: accumulated depreciation 10b 10c 1,206,684. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 5,362,227. 4,708,820. Other assets. See Part IV, line 11 15 15 6,107,453. 6,663,060. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 14,388. 21,781. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 12,000. 60,300. 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 26,388. 82,081. 26 26 Total liabilities. Add lines 17 through 25 . Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,382,372. 1,561,288. 27 27 Net assets without donor restrictions 4,698,693. 5,019,691. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here

6,663,060. Form **990** (2021)

6,580,979.

29

30

31

32

33

6,081,065.

6,107,453.

29

30 31

32

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			47.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,08		
5	Net unrealized gains (losses) on investments	5			57.
6	Donated services and use of facilities	6		2,1	10.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,58	0,9	79.
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 on 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 Sch	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 Sir	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** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

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).) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. 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.)

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and						_	
	membership fees received. (Do not							
	include any "unusual grants.")	527,377.	463,127.	798,179.	1055463.	695,244.	3539390.	
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	527,377.	463,127.	798,179.	1055463.	695,244.	3539390.	
	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,							
	a a l (f)						365,465.	
							3173925.	
	Public support. Subtract line 5 from line 4.						3113923.	
		(-) 0047	(I-) 0040	(-) 0040	(-I) 0000	(-) 0004	(6) T-+-I	
	ndar year (or fiscal year beginning in)	(a) 2017 527, 377.	(b) 2018 463,127.	(c) 2019 798, 179.	(d) 2020 1055463.	(e) 2021 695, 244.	(f) Total 3539390 •	
	Amounts from line 4	321,311.	403,127.	190,119.	1033403.	093,244.	333330.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	4 1 2 0	0 (7)	F 100	4 (22	20 051	F1 F04	
	and income from similar sources	4,129.	8,673.	5,109.	4,622.	29,051.	51,584.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						3590974.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	31,031.	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)		
	organization, check this box and stop						<u></u> ▶∟⊥	
	tion C. Computation of Publ							
	Public support percentage for 2021 (I					14	88.39 %	
	Public support percentage from 2020					15	81.98 %	
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	nore, check this bo		
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				▶ X	
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□	
17a	10% -facts-and-circumstances tes							
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he i	r e. Explain in Part '	VI how the organiz	ation	
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		>	
b	10% -facts-and-circumstances tes	-						
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and st	op here. Explain ir	Part VI how the		
	organization meets the facts-and-circle				-		>	
18	Private foundation. If the organization						s ▶	

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2018	(6) 2019	(u) 2020	(e) 2021	(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						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4							
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						
	Total. Add lines 1 through 5						
16	Amounts included on lines 1, 2, and						
ŀ	3 received from disqualified persons 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.)						
	ndar year (or fiscal year beginning in)	(a) 2017	/b) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total
	· · · · · · · · · · · · · · · · · · ·	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
100	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
Ľ	Unrelated business taxable income (less section 511 taxes) from businesses						
	on quired ofter June 20 1075						
	Add lines 10a and 10b Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	o organization's f	irat accord third	fourth or fifth toy	Voor oo o costion	[F01/a)/(2) arganizat	<u> </u>
14	First 5 years. If the Form 990 is for the	•			•	. , . ,	lion,
<u>Sa</u>	check this box and stop here ction C. Computation of Publi						<u></u>
	Public support percentage for 2021 (li	• •		oolumn (f)\		15	
						16	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	<u>%</u>
						17	
17						18	<u>%</u>
18	Investment income percentage from 2						% 17 is not
198	33 1/3% support tests - 2021. If the						I / IS HOT
	more than 33 1/3%, check this box ar						
r	33 1/3% support tests - 2020. If the						
20	line 18 is not more than 33 1/3%, chec						
∠∪	Private foundation. If the organization	i did not check a	DUX OIT IIIIE 14, 19	a, or 190, check t	nio dox and see in	อเเนษเเษารี	<u> </u>

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	•		
	6		
	7		
	8		
	j		
	9a		
	9b		
	9с		
	10a		
	-		
	10b		
iule	A (Forr	n 990)	2021

Par	t IV Supporting Organizations (continued)			
	, (Section 2)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	·		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	,		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
	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		
Sect	tion 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	tion D. All Type III Supporting Organizations			_
			Yes	No
	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		
	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		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
	tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	nc)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	113).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? 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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

	dule A (Form 990) 2021 Georges River Land Trus			01-0424837 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust o	n Nov. 20, 1970 (e <i>xplain ir</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complet	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions).

6

Scne	edule A (Form 990) 2021 Georges Kiver hand it usc		I UIZIUJI Page I
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (contil	nued)	
Sec	ion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

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

Schedule A (Form 990) 2021

Schedule B (Form 990)

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schedule B (Form 990) (2021)

	Georges River Land Trust 01-0424837					
Organization type (che	eck one):					
Filers of:	Section:					
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
01 117						
	tion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. 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						
sections 509(contributor, d	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supportal(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a luring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) 10-EZ, line 1. Complete Parts I and II.	nd that received from any one				
contributor, d literary, or edu	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.					
year, contribu is checked, e purpose. Don	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ations exclusively for religious, charitable, etc., purposes, but no such contributions totaled noter here the total contributions that were received during the year for an exclusively religiously complete any of the parts unless the General Rule applies to this organization because it ritable, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>				
answer "No" on Part I\	ion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (I I, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF e filing requirements of Schedule B (Form 990).	**				

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

Name of organization Employer identification number

Georges River Land Trust

01-0424837

Part I	rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4	\$ 150,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$ 37,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	Name, address, and ZIP + 4	\$ 74,950.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$ 45,000.	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		
6		\$33,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

Employer identification number

Georges River Land Trust

01-0424837

Part I	rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8		\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9		\$14,602.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
140.	Name, audiess, and ZIF + 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 P	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
		\$	

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

Pa			s or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.		
		(a) Donor advised funds	(b) Fu	nds 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 w	riting that the assets held in donor advi	ised funds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors 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?			Yes No
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990,	Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreating	ion or education) $oxedsymbol{oxedsymbol{X}}$ Preservation o	f a historicall	y important land area
	Protection of natural habitat	Preservation o	of a certified h	nistoric structure
	X Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n of a co <u>nser</u>	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	49
b	Total acreage restricted by conservation easements		2b	3,006.50
С	Number of conservation easements on a certified historic stru			
d	V / 1			
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	ne organizatio	on during the tax
	year ▶	4		
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cor	nservation ea	sements during the year
	▶ 196			
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conserv	ation easeme	ents during the year
	▶\$9,212.			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial stater	nents that de	escribes the
Do	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	Art Historical Tracquires or (Othor Simi	ilor Assats
Га	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 9	-	Julei Silli	iiai Assets.
4.				ala a altricipita
ıa	If the organization elected, as permitted under FASB ASC 958	, ·		
	of art, historical treasures, or other similar assets held for publication provide in Part VIII the text of the feature to its financial	·		or public
L	service, provide in Part XIII the text of the footnote to its finance			ant considerant
D	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of p	oublic service,
	provide the following amounts relating to these items:			\$ 0.
	(i) Revenue included on Form 990, Part VIII, line 1			*
0	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical trea the following amounts required to be reported under FASB AS		aı gairi, provi	ue
	the following amounts required to be reported under FASB AS	oo boo relating to these items.		
_	Revenue included on Form 990, Part VIII, line 1		.	\$

3	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	a X Public exhibition d Loan or exchange program								
b	b Scholarly research e Other								
С	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets								
	to be sold to raise funds rather than to be ma	intained as part of th	he organization's co	ollection?			Yes	X	No
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes"	on Form 9	990, Part IV,	line 9, or		
	reported an amount on Form 990, Par		-						
1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for contribution	s or other assets i	not include	ed			
	on Form 990, Part X?		•				Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
	, ,	,	3				Amoun	t	
С	Beginning balance				10	:			
	Additions during the year								
	Distributions during the year					_			
	Ending balance						Yes		No
	rt V Endowment Funds. Complete if								
. u.	Ziras virione i ariasi compiete ii	(a) Current year	(b) Prior year	(c) Two years back		e years back	(e) Four	vears	back
10	Reginning of year balance	423,023.	390,222.	194,42		199,995.	(0) : 5 a.		509.
	Beginning of year balance	10,000.	5,000.	226 .110	_	133,333.			,000.
	Contributions	44,386.	27,801.	29,683		-5,570.			486.
	Net investment earnings, gains, and losses	44,300.	27,001.	29,00.		-3,370.		19,	,400.
	Grants or scholarships								
е	Other expenditures for facilities			60.00	$\langle $				
	and programs			60,000) ·				
f	Administrative expenses								
g	End of year balance	477,409.	423,023.	· · · · · · · · · · · · · · · · · · ·	2.	194,425.		199	,995.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:					
	Board designated or quasi-endowment	30.0000	_%						
	Permanent endowment ► 57.0000	%							
С	Term endowment ▶								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered fo	or the orga	nization			
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Pai	rt VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Par	X, line 10				
	Description of property	(a) Cost or ot basis (investm	' ') Accumul depreciati		(d) Boo	k valu	е
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment		18	0,101.	80.	339.	9	9,7	62.
	Other			,	,				
	I. Add lines 1a through 1e. (Column (d) must ed		X column (R) line 1	(Oc.)			9	9.7	62.
, Jta		1 r	., Joiann (D), mic 1	· · · · · · · · · · · · · · · · · · ·					

Schedule D (Form 990) 2021 Georges Rive	er Land Trust	01-04248	37 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year ma	rket value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year ma	rket 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" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
	Description	I * * *	ook value
(1) Property for Conservation		1,8	89,666.

(a) Description	(b) Book value
(1) Property for Conservation	1,889,666.
(2) Artwork	2,207,186.
(3) Beneficial Interest in Perpetual Trust	313,068.
(4) Deposits	2,900.
(5) Grantor Retained Life Estate	296,000.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,708,820.

Part X Other Liabilities.

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

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

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

01-0424837	Page 4
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Pa	rt XI	Reconciliation of Revenue per Audited Financial State	ments With	Revenue per R	eturr	١.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total re	evenue, gains, and other support per audited financial statements			1	960,854.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net un	realized gains (losses) on investments	2a	194,557.		
b	Donate	ed services and use of facilities	2b	2,110.		
С	Recove	eries of prior year grants	2c			
d		Describe in Part XIII.)		12,935.		
е	Add lin	es 2a through 2d			2e	209,602.
3	Subtra	ct line 2e from line 1			3	751,252.
4	Amour	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investr	nent expenses not included on Form 990, Part VIII, line 7b	4a	16,544.		
b	Other (Describe in Part XIII.)	4b			
С	Add lin	es 4a and 4b			4c	16,544.
		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	767,796.
Pa	rt XII	Reconciliation of Expenses per Audited Financial State	ements Witl	n Expenses per	Retu	rn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total expenses and losses per audited financial statements				1	460,940.
2	Amour	its included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a			
b	Prior ye	ear adjustments	2b			
С	Other I	osses	2c			
d	Other (Describe in Part XIII.)	2d	12,935.		
е	Add lin	es 2a through 2d			2e	12,935.
3	Subtra	ct line 2e from line 1			3	448,005.
4	Amour	its included on Form 990, Part IX, line 25, but not on line 1:				
а	Investr	nent expenses not included on Form 990, Part VIII, line 7b	4a	16,544.		
b	Other (Describe in Part XIII.)	4b			
С		es 4a and 4b			4c	16,544.
5	Total e	xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	464,549.

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 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.

The Organization is the sole beneficiary of the Gibson Preserve Trust, held and administered by a local bank. The Trust was established by the

Part XIII Supplemental Information (continued)	
donor for use in stewardship of land he donated to the Organization.	ı
Part X, Line 2:	
Management of the Organization believes it has no material uncertain	ı 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	12,935.
Part XII, Line 2d - Other Adjustments:	
Fundraising Expenses Netted with Revenue	12,935.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

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 f	ull Board of				
Directors. Depending upon the solvency of the Organizatio	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 XII, Line 2c					
The audit oversight has not changed from the previous year	r.				

Form **8868**

(Rev. January 2022)

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 www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print Georges River Land Trust 01-0424837 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 8 North Main Street, Suite 200 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. Rockland, ME 04841 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) The Organization The books are in the care of ▶ 8 North Main Street, Suite 200 - Rockland, ME 04841 Telephone No. ► 207-594-5166 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) __l. If it is for part of the group, check this box ▶ ____ and attach a list with the names and TINs of all members the extension is for. November 15, 2022, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning _____ , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

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

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

any nonrefundable credits. See instructions.

Form **8868** (Rev. 1-2022)

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