# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury

ntėrna	al Rever	nue Service	Go to www.irs.gov/F	orm990 for instructions and	i the latest li	normation.	Inspection			
A F	or the	2022 calend	ar year, or tax year beginning	an	d ending					
3 CI	heck if oplicable	C Name of	f organization			D Employer identifi	cation number			
	Addres change Name		ON CONSERVATION TRU	JST		04-61698	3.7			
	Jchang∈ ⊓Initial		usiness as		T		-			
	_return _Final _return/	PO B	and street (or P.O. box if mail is not delease $000$	livered to street address)	Room/suite	E Telephone numbe 978-537-	7701			
	terminated	City or t	own, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	317,166.			
	Ameno	GROT	ON, MA 01450			H(a) Is this a group re				
	Application pending	F Name a 82 SM	nd address of principal officer: JOH	N LLODRA , MA 01450		for subordinates? Yes X No  H(b) Are all subordinates included? Yes No				
ΙT	ax-exe		X 501(c)(3) 501(c)(		) or 527		list. See instructions			
	/ebsit		GCTRUST ORG	(	, 0 0	H(c) Group exemption				
		organization:		ssociation Other	I Voor		M State of legal domicile: MA			
	rt I	Summary		occolution ctrici	<b>∟</b> 1 cai	or formation, ±50± 1	VI State of legal domicile, 1111			
<u> </u>				T 7 1 T	CONCE	TOTTA MEAN TONE MEAN	TAIMEALANCE			
ø			be the organization's mission or most							
ᆲ		OF LAND	HELD IN CONSERVATI	LON, PROVIDE PO	BLIC W	CESS TO CON	SERVATION			
ξ	2	Check this bo	x if the organization discor	ntinued its operations or dispo	osed of more	than 25% of its net as:				
8	3	Number of vot	ting members of the governing body	(Part VI, line 1a)		3	15			
Ğ	4	Number of ind	dependent voting members of the gov	verning body (Part VI, line 1b)		4	15			
စ္	5	Total number	of individuals employed in calendar y	rear 2022 (Part V, line 2a)		5	1			
Ė			of volunteers (estimate if necessary)				30			
Activities & Governance			d business revenue from Part VIII, co							
۲			business taxable income from Form							
$\dashv$		ivet uniterated	business taxable income noni i omi	990-1,1 art 1, line 11		Prior Year	Current Year			
	_						81,144.			
ē			* : ::::::::			114,704.				
e I		•				0.	0.			
Revenue			come (Part VIII, column (A), lines 3, 4,			25,744.	8,872.			
۳	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		2,608.	1,956.			
	12	Total revenue	- add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		143,056.	91,972.			
	13	Grants and sir	milar amounts paid (Part IX, column (	A), lines 1-3)		0.	0.			
	14	Benefits paid	to or for members (Part IX, column (A	a), line 4)		0.	0.			
,			r compensation, employee benefits (F	, , , , , , , , , , , , , , , , , , , ,		30,789.	32,198.			
Expenses			undraising fees (Part IX, column (A), li			0.	0.			
ĕ			ing expenses (Part IX, column (D), line	4 4	93.	<u> </u>	• .			
Ä			es (Part IX, column (A), lines 11a-11d,			36,366.	89,539.			
_						67,155.	121,737.			
		•	es. Add lines 13-17 (must equal Part I)				20 765			
	19	revenue less	expenses. Subtract line 18 from line	IZ		75,901.	-29,765. End of Year			
Net Assets or -und Balances					В	eginning of Current Year				
sset		· ·				6,496,220.	6,425,764.			
ğ	21	Total liabilities	s (Part X, line 26)			975.	857.			
			fund balances. Subtract line 21 from	line 20		6,495,245.	6,424,907.			
	rt II	Signature								
Jnde	r pena	Ities of perjury,	I declare that I have examined this return,	including accompanying schedul	es and statem	ents, and to the best of my	y knowledge and belief, it is			
rue,	correc	t, and complete.	. Declaration of preparer (other than office	er) is based on all information of v	which preparer	has any knowledge.				
Sign	,	Signature of of	fficer			Date				
Here		JOHN LL	ODRA, TREASURER							
ICIC		Type or print n								
				Duamanania - 1	Т	Date Check	PTIN			
		Print/Type pre		Preparer's signature	1	if				
Paid				KAREN SPINELLI		1/13/23 self-employ				
rep	arer	Firm's name	SPINELLI CPA PC			Firm's EIN 8	2-5448715			
Jse (	Only	Firm's address			02					
		<u> </u>	WORCESTER, MA 016	06		Phone no. 50	8-365-6522			
May	the IF	RS discuss this	s return with the preparer shown abo	ve? See instructions			X Yes No			

rai	Otal (10 to 10 to
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  LAND CONCEDIATION MATNERNANCE OF LAND HELD IN CONCEDIATION DROWNER.
	LAND CONSERVATION, MAINTENANCE OF LAND HELD IN CONSERVATION, PROVIDE
	PUBLIC ACCESS TO CONSERVATION LANDS, CONSERVATION EDUCATION
_	Bull to the state of the state
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$111,964. including grants of \$) (Revenue \$)
	DURING THE YEAR THE ORGANIZATION CONTINUED MAINTAINING ITS CONSERVATION
	PROPERTIES AND PROVIDING PUBLIC ACCESS TO THEM. THE ORGANIZATION ALSO
	CONTINUED EDUCATING THE PUBLIC REGARDING LOCAL CONSERVATION ISSUES.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
70	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses 111,964.
	Form <b>990</b> (2022)

# Form 990 (2022) GROTON CONSERVATION TRUST Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			_
0	, ,	8		х
•	Schedule D, Part III	-		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		<del></del> -
13	·	19		х
200	complete Schedule G, Part III	20a		X
	• •	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			y
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

232003 12-13-22

Form **990** (2022)

Part IV	Checklist of Required Schedules	(continued)

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule (), Part I and III 22	1 0.11	Continued)		Vaa	Na.	
Part X. column (A), line 2? (if Yes, "complete Schedule I, Parts I and III 20 DID the organization" sourcers of the NIV. Science In All 1982 and Commence of Commence In American Commence In Commence	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No	
23 Dit the organization answer "Next * to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trusteces, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part III and the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the sist day of the year, that was issued after Decomber 31, 2002? If "Yes," answer lines 25th brough 24 and complete Schedule I, If "Yes," to b line 25s or			22		Х	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	23					
As a bid the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If No." go for bine 25a.  24b					ı	
stated by of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "Ne," go to line 25a.  b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  c Did the organization meet any proceeds of tax exempt bonds beyond a temporary period exception?  d Did the organization analysis and 501(x)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I  25a Section 501(c)3, 501(c)4, and 501(x)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I  25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person buting the year? If "Yes," complete Schedule I, Part I  25b 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 in prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part II is orthorized or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee thereof) or family member of any of these persona? If "Yes," complete Schedule I, Part IV is instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV is the substance transaction with one of the following parties (see the Schedule I, Part IV is 25a is a substance to any organization and that is 25a is a substance to a sp		·	23		Х	
Schedule K. If "No." go to fine 25a	24a				ı	
b Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24c  24d  25a Section 501(G)S, 601(e)R, and 501(e)R90 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I transaction has not been reported on any of the organization space in an excess benefit transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule I, Part I bid 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 combitutior, or activity or laminy member of any of these persons? If "Yes," complete Schedule I, Part II controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part II is a structions for applicable filing thresholds, conditions, and exceptions:  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV is a trust of the organization accessible of the following parties (see the Schedule I, Part IV is a structions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV is 28c X is a struction of the properties Schedule I, Part IV is 28c X is a struction seeles schedule I, Part IV is 28c X is a struction seeles schedule I, Part IV is 28c X is a struct		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ı	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  22a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization region in a prior year, and that the transaction with a disqualified person during the year? If 'yea,' complete Schedule I, Part I  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person of year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 E27 If 'Yes,' complete Schedule I, Part I    25b If the organization provide a grant or other assistance to any complete Schedule I, Part I    25c If the organization provide a grant or other assistance to any current or form or officer, director, frustee, key employee, creator or founder, substantial contribution, or 35% controlled entity of romally member of any of these persons? If "Yes," complete Schedule I, Part II    25d If the organization provide a grant or other assistance to any current or forms officer, director, frustee, key employee, creator or founder, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) of family member of any of these persons? If "Yes," complete Schedule I, Part II    25d If the organization aparty to a business transaction with one of the following parties (see the Schedule I, Part II    26d A Tamily member of any individual described in line 28a? If "Yes," complete Schedule I, Part II    27d A Silve Cardiologia and employee thereof) of family member of any individual described in line 28a? If "Yes," complete Schedule II    27d A Silve the organization receive more than 255,000 in non-cash contributions? If "Yes," complete Schedule II    28d A Silve the organization receive more than 255,000 in non-cash contributions? If "Yes," complete Schedule II    28d A Silve the o		, ,	24a		_X_	
any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule 1, Part I   25b Is the organization aware that it engaged in an excess benefit stransaction with a disqualified person during the year? If "Yes," complete Schedule 1, Part I   25c 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, fustee, key employee, creator or founder, substantial contribution, or 35% controlled entity of mainly member of any of these persons? If "Yes," complete Schedule 1, Part I   25d Did the organization provide a grant or other assistance to any current or former officer, director, fustee, key employee, creator or founder, substantial contribution, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule 1, Part I   27d Did the organization provide a grant or other assistance to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of rounder, substantial contribution or substantial contributor? If "Yes," complete Schedule 1, Part I   28d Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule 1, Part I   28d A anily member of any individual described in line 28a? If "Yes," complete Schedule I, Part I   28d A anily member of any individual described in line 28a? If "Yes," complete Schedule II   27d A anily member of any individual described in line 28a? If "Yes," complete Schedule II   27d A anily member of any individual described in line 28a? If "Yes," complete Schedule II   27d A anily member of any individual described in line 28a or 28b? If "Yes," complete Schedule II   28d A anily me			24b			
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?   258 Section 501(X8), 501(Cly), 40, and 501(Cly20) granizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?   1	С				ı	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   25a   X    b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior Form 590 or 990 E2? If "Yes," complete Schedule L, Part I   25b   X    26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   26b   X    27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II   27c   X   28b   X						
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			24d			
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 99 or 990-EZ? If "Yes," complete Schedule L, Part I	25 a				37	
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27   If "Yes," complete Schedule I, Part I    25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II    26 X  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III    28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV    28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV    28 A Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule II, Part IV    28 De A family member of any individual described in line 28a" If "Yes," complete Schedule II, Part IV    28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part IV    29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part IV    29 Did the organization injudicate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II, Part IV    30 Did the organization over 100% of an entity disregarded as separate from the organization under Regulations sections 301,77012 and 301,77013 If "Yes," complete Schedule II, Part II    31 Did the organization over 100% of an entity disregarded as separate from the organization under Regulations sections 301,77013 If "Yes," co			25a			
Schedule L, Part I  10 bit the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  11 bit dhe organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.  12 Was the organization applicable filing thresholds, conditions, and exceptions):  13 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  14 East A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  15 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  16 A family member of any individual described in line 28a? If "Yes," complete Schedule M.  17 Yes," complete Schedule L, Part IV.  18 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I II.  20 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I II.  21 Did the organization organization entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part V, III.  22 Did the organization related to any ta	b				ı	
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 contribution, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   26 X X 2 10 the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contribution 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 II   27 X 2 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II   27 X 2 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part II   28 X 2 X 2 S 2 X 2 S 2 X 2 S 2 X 2 X 2 X 2		, ,	051		v	
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV.  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV.  18 a A current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  28 A S3% controlled entity of one or more individuals and/or organizations described in line 28a or 28h or	96	· · · · · · · · · · · · · · · · · · ·	250			
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27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 39% controlled entity (including an employee) thereof or family member of any of these persons? if "yes," complete Schedule L, Part IV, instructions for applicable fliing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "yes," complete Schedule L, Part IV 28b X C A 39% controlled entity of one or more individuals and/or organizations described in line 28a? If "yes," complete Schedule L, Part IV 28b X C A 39% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "yes," complete Schedule L, Part IV 28b X C Did the organization receive more than \$25,000 in non-cash contributions? If "yes," complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "yes," complete Schedule M, Part I 31 X Did the organization idjudate, terminate, or dissolve and cease operations? If "yes," complete Schedule N, Part I 31 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-37 If "yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-37 If "yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 33 X X Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "yes," complete Schedule R, Part IV, Iine 1 33 X X X Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "yes," complete Schedule R, Part IV, Iine 2 35b X X Did the organization organization schedu			26		x	
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Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28b X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization individual, etrminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  31 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.  32 X  33 Did the organization retaed to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		· · · · · · · · · · · · · · · · · · ·	27		x	
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a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b   A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28c   X 28b   X 28c   X 2	20					
*Yes," complete Schedule L, Part IV  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 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 II  33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Bid the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization.  38 Did the organization complete Schedule O and provide explanat	а					
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c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 LX  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  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 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 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Enter the number reported in box 3 of Form 1096. Enter -0 if not applicable  C Did the organization comply with backup withholding rules for reportable payments to vendors and repor	b					
"Yes," complete Schedule L, Part IV  28						
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30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.  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 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations on Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O or Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O or Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O or Part VI, lines 11b and 19?  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withhold	29					
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Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 X  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 In Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  10 X	36					
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 The Inter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  10 The Inter VI  11 The Inter VI  12 The Inter VI  13 The Inter VI  14 The Inter VI  15 The Inter VI  16 The Inter VI  17 The Inter VI  18 The Inter VI  18 The Inter VI  19 The Inter VI  10 The Inter VI  10 The Inter VI  10 The Inter VI  11 The Inter VI  12 The Inter VI  13 The Inter VI  14 The Inter VI  15 The Inter VI  16 The Inter VI  17 The Inter VI  18 The Inter VI  18 The Inter VI  19 The Inter VI  10 The Inter VI  10 The Inter VI  10 The Inter VI  10 The Inter VI  11 The Inter VI  12 The Inter VI  13 The Inter VI  14 The Inter VI  15 The Inter VI  16 The Inter VI  17 The Inter VI  18 The Inter VI  18 The Inter VI  19 The Inter VI  10 The Inter VI  11 The Inter VI  12 The Inter VI  13 The Inter VI  14 The Inter VI  15 The Inter VI  16 The Inter VI  17 The Inter VI  18 The Inter VI  18 The Inter VI  19 The Inter VI  10 The Inter VI  10 The Inter VI  10 The Inter VI  10 The Inter VI  11 The Inter VI  12 The Inter VI  13 The Inter VI  14 The Inter VI  15 The Inter VI  16 The Inter VI  17 The Inter VI  18 The Inter VI  19 The Inter VI  19 The Inter VI  10 The			36		<u> </u>	
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a respon	37				77	
Note: All Form 990 filers are required to complete Schedule O  Part V  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  38 X  Yes  No  1a In		• • • • • • • • • • • • • • • • • • • •				
Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X	38			v	ı	
Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X	Par		38	X		
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Te No  Yes No  1a 4  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b 0  1c X	rai					
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable     1a     4       b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable     1b     0       c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?     1c     X		Grieck if Schedule O contains a response or note to any line in this Part V				
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<b>.</b>	Enter the number reported in her 2 of Form 1000 Enter 0 if not applicable		Yes	NO	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X			_			
(gambling) winnings to prize winners?		Enter the Harrison of Forme W 24 included of time 14. Enter of the deplication	4			
	C		10	x		
	23200/		_		2022)	

Form 990 (2022) GROTON CONSERVATION TRUST

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

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	1						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		X			
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccoun	ts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b 5c		X			
С									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			7.7			
	any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution								
_	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).			7.		Х			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		Λ			
b			uirad	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?			7c		х			
d	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	70		21			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e					
_	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7f 7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
		-		8					
9	9 Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	Section 501(c)(7) organizations. Enter:		1						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	ı	I						
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	l							
40	amounts due or received from them.)	11b	1	40					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041 <b>12b</b>	( 	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_ IZD							
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			13a					
а	Note: See the instructions for additional information the organization must report on Schedule O.			IJa					
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
_	organization is licensed to issue qualified health plans	13b	1						
С	Enter the amount of reserves on hand	13c							
14a				14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner								
	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	incor	ne?	16		Х			
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.				000				

GROTON CONSERVATION TRUST 04-6169832 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 **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. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MA

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records JOHN LLODRA - 978-537-7701

82 SMITH STREET, GROTON, MA 01450

Form **990** (2022)

232006 12-13-22

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week	box	not cl	ss per	more son is	than on the state of the state	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MARK GERATH	8.00	ļ								
PRESIDENT		Х		Х				0.	0.	0.
(2) JOHN LLODRA	7.00	ļ		l						
TREASURER		Х		Х				0.	0.	0.
(3) DAN VON KOHORN	3.00	ļ								
TRUSTEE	4 00	Х				_		0.	0.	0.
(4) HOLLY ESTES	4.00	٠,,		,,						
SECRETARY/CLERK	2 00	Х		Х				0.	0.	0.
(5) WENDY GOOD	3.00	٠,,							_	
TRUSTEE	7 00	Х						0.	0.	0.
(6) SUSAN HUGHES	7.00	·		٠,					_	_
VICE PRESIDENT	5.00	Х		Х				0.	0.	0.
(7) EDWARD MCNIERNEY TRUSTEE	3.00	х						0.	0.	0.
(8) RICHARD MUEHLKE	5.00	^						0.	0.	0.
TRUSTEE	3.00	Х						0.	0.	0.
(9) ROBERT PINE	6.00	^						0.	0.	<b>.</b>
TRUSTEE	0.00	Х						0.	0.	0.
(10) DAVID PITKIN	5.00	^						0.	0.	0.
TRUSTEE	3.00	х						0.	0.	0.
(11) HEATHER RIELLY	5.00							•	•	•
TRUSTEE	3.00	х						0.	0.	0.
(12) MICHELLE RUBY	5.00	<del></del>								
TRUSTEE		х						0.	0.	0.
(13) CHARLES VANDER LINDEN	6.00								•	
TRUSTEE		Х						0.	0.	0.
(14) BRIAN BETTENCOURT	5.00								-	-
TRUSTEE		Х						0.	0.	0.
(15) KRISTEN VON CAMPE	5.00									
TRUSTEE		Х						0.	0.	0.

Form 990 (2022)

04-6169832

Part VII   Section A. Officers, Directors, Tru		pioy	ees,			ynes	ot C		'	$\top$	<b>/</b> E\	
(A)	(B)	(C) Position			1		(D)	(E)	_	(F)		
Name and title	Average hours per	(do not check more than one box, unless person is both an						Reportable	Reportable	- 1	stimate	
	week		t, unle: icer ar					compensation	compensation	ar	mount	Οī
	(list any	JO:						from the	from related organizations	other compensati		tion
	hours for	direct				_		organization	(W-2/1099-MISC/	- I		
	related	9e 0r	stee			sate		(W-2/1099-MISC/	1099-NEC)		ganizat	
	organizations	truste	E E		ee/	m per		1099-NEC)	,	١ ٠	and related	
	below	Individual trustee or director	Institutional trustee	- -	Key employee	Highest compensated employee	er	,		org	anizati	ons
	line)	Indiv	Instit	Officer	Key e	High	Former					
										1		
						T				+-		
			$\vdash$			$\vdash$				+		
1h Subtotal				l	<u> </u>		<u> </u>	0.	0	_		0.
1b Subtotal c Total from continuation sheets to Part	/II Cootion A							0.	0			0.
								0.	0			0.
d Total (add lines 1b and 1c)  Total number of individuals (including but										•		<u> </u>
•	not illilited to ti	1056	IISLE	ual	JOVE	;) WII	o re	ceived more than \$100,	ooo or reportable			0
compensation from the organization											Yes	No
3 Did the organization list any former office	r director truct	00 I	·0\	mnl	lovo	۰ ۵۲	hia	boot componented omp	ovoc on		100	110
										3		Х
line 1a? If "Yes," complete Schedule J for								ar componentian from the		3		- 22
4 For any individual listed on line 1a, is the												Х
and related organizations greater than \$1										4		Λ
5 Did any person listed on line 1a receive o	•				,			•		_		v
rendered to the organization? If "Yes." Co	<u>mplete Schedul</u>	e J f	or st	ıch i	oers	on .				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest of	· ·	-							· · · · ·	ation fr	om	
the organization. Report compensation for	r the calendar y	ear e	endir	ng w	ith c	or wi	thin T		ear.			
(A) Name and busines	a addraga	3.77	<b>~</b> ****	,				<b>(B)</b> Description of s	onvioco	Compe	C)	n
Name and busines	s address	М	INC	<u> </u>			$\dashv$	Description of s	ervices	Compe	isalio	''
							_					
							_					
							Ţ					
2 Total number of independent contractors	(including but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the orga					(							
<u> </u>										Form	<b>990</b> (	2022

232008 12-13-22

04-6169832

Form 990 (2022) GROTON
Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			Officer if Schedule O contains a response	or note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	11,654.				
, a		С	Fundraising events 1c					
ifts			Related organizations 1d					
nis,			Government grants (contributions) 1e	36,054.				
Sic			All other contributions, gifts, grants, and	,				
uti e		'		33,436.				
.ē₽			similar amounts not included above 1f	33,430.				
t b		_	Noncash contributions included in lines 1a-1f 1g \$		01 144			
<u>ŏ</u> <u>ö</u>		h	Total. Add lines 1a-1f		81,144.			
				Business Code				
ě	2	а						
Š		b						
Ser		С						
E S		d						
gra Re								
Program Service Revenue		e	All all and a second and a second as a sec					
ъ.			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, interest					
			other similar amounts)		9,110.			9,110.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	a	Gross rents 6a 1,900.	,				
			4 000					
			` ,		1 000			1 000
			Net rental income or (loss)		1,900.			1,900.
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 224,956.					
		b	Less: cost or other basis					
ē			and sales expenses 7b 225,194.					
eni		С	Gain or (loss) 7c -238.					
Revenue		d	Net gain or (loss)	•	-238.			-238.
her F			Gross income from fundraising events (not					
Othe	0	а						
0								
			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b					
		С	Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 199a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	•				
			Gross sales of inventory, less returns					
	10	а	•					
			and allowances 10a					
			Less: cost of goods sold	)				
		С	Net income or (loss) from sales of inventory	T				
<sub>ω</sub>				Business Code				
Ö 6	11	а	OTHER INCOME	531390	56.	56.		
ane Dug		b						
elle ske		С						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d		56.			
	12		Total revenue. See instructions		91,972.	56.	0.	10,772.
	12		IVIALITY CHUC. OUU INSUIUUUIS		<u> </u>		1 0.	10,114.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 29,544. 29,544. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 2,654. 2,654. 10 Payroll taxes Fees for services (nonemployees): Management а Legal 2,595. 2,595. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 848. 848. Office expenses 13 Information technology 14 Royalties 15 4,992. 4,992. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,437. 2,437. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 5,800. 5,800. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 65,904. 65,904. **MAINTENANCE** POSTAGE AND PRINTING 2,617. 2,617. 1,533. 1,533. LAND TAXES  $1,\overline{450}$ 1,450. DONATIONS FOR CONSERVAT 1,363. 25. 245. 1,093 All other expenses 121,737. 111,964. 8,680. 1,093. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2022)

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

LA	Balance Sheet					
	Check if Schedule O contains a response or note	to any	line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing		30,766.	1	37,866	
2				64,419.	2	31,903
3			3			
				2,550.	4	2,500
5						
	trustee, key employee, creator or founder, substan					
	controlled entity or family member of any of these	persor	ns		5	
6	Loans and other receivables from other disqualifie					
	under section 4958(f)(1)), and persons described in	n secti	on 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9					9	
10a						
	basis. Complete Part VI of Schedule D	10a	5,761,393.			
b						5,761,393 592,102
11			637,092.	11	592,102	
12				12		
13				13		
14			14			
15	Other assets. See Part IV, line 11			5 405 000	15	
16						6,425,764
17				975.		857
					21	
22						
	. ,					
					24	
25						
		-	·		٥-	
06				975		857
26	*			915.	26	057
		\ Here	21			
27				6.457.355.	27	6,382,335
						42,572
20				37,70301	20	
		, 01100	, ricic			
29	· · · · · · · · · · · · · · · · · · ·				29	
				6,495,245.	32	6,424,907
32	Total net assets or fund balances			U, 433, 44, 14	32	0,444.307
_	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or for trustee, key employee, creator or founder, substar controlled entity or family member of any of these 6 Loans and other receivables from other disqualifie under section 4958(f)(1)), and persons described in Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part 22 Loans and other payables to any current or former trustee, key employee, creator or founder, substar controlled entity or family member of any of these 24 Unsecured notes and loans payable to unrelated 25 Other liabilities (including federal income tax, paya parties, and other liabilities not included on lines 1 of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check and complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958 and complete lines 29 through 33. 28 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equi	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former of trustee, key employee, creator or founder, substantial concontrolled entity or family member of any of these persons of Loans and other receivables from other disqualified persunder section 4958(f)(1)), and persons described in section 1, and persons described in section 2, and loans receivable, net 1, and persons described in section 3, and equipment: cost or other 1, and persons described in section 4, and persons described in section 4, and persons described in section 4, and persons described in section 3, and persons described in section 4, and persons described in section 4, and persons described in section 4, and persons described in section 5, and persons described in section 4, and persons described in section 4, and persons described in section 5, and persons described in section 4, and persons described in section 6, and persons described	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 5,761,393. b Less: accumulated depreciation 11 Investments - publicity traded securities 11 Investments - publicity traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 11 Escrow or custodial account liability. Complete Part IV of Schedule D 12 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 12 Secured mortgages and notes payable to unrelated third parties 12 Unsecured notes and loans payable to unrelated third parties 13 Cher liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 10 Total liabilities. Add lines 17 through 25 10 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 11 Net assets without donor restrictions 12 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 12 Capital stock or trust princ	1 Cash - non-interest-bearing 30 , 766 . 2 Savings and temporary cash investments 64 , 419 . 3 Pledges and grants receivable, net 2 , 550 . 4 Accounts receivable, net 2 , 550 . 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(f)(f)), and persons described in section 4958(o)(3)(B) 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(f)), and persons described in section 4958(o)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepald expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5 , 761 , 393 . 1 Investments - publicity traded securities 637 , 092 . 1 Investments - publicity traded securities 637 , 092 . 1 Investments - program-related. See Part IV, line 11 11	Beginning of year  1 Cash - non-interest-bearing 2 Savings and temporary cash investments 6 4 , 419 . 2 3 Pledges and grants receivable, net 4 Accounts receivable, net 7 Cash - and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a S, 761, 393. 10c 11b Investments - publicity traded securities 12 Investments - other securities. See Part IV, line 11 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Deferred revenue 19 Deferred revenue 19 Total assets. Add lines 1 through 15 (must equal line 33) 10 Cannot payable and accrued expenses 10 Total assets. Add lines 1 through 15 (must equal line 3) 10 Cher liabilities 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to urrelated third parties 23 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 28 Net assets with donor restrictions 29 Capital stock or trust

Form **990** (2022)

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		1,9			
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,7			
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	9,7	<u>65.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,49	5,2	45.		
5	Net unrealized gains (losses) on investments	5	<b>-4</b>	0,5	73 <b>.</b>		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	6,42	4,9	07.		
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	Ο.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2022)		

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

Name of the organization Employer identification number GROTON CONSERVATION TRUST 04-6169832

Pa	rt I			(All organizations must c	omplete th	nis part.) S		4 0107032				
The	orgon	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.  nization is not a private foundation because it is: (For lines 1 through 12, check only one box.)										
	Organ						IV A V:\					
1	Н	A church, convention of ch				ר)(מ)טזר חי	I)(A)(I).					
2	$\square$	A school described in <b>sect</b>										
3	Н	A hospital or a cooperative					•					
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:										
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit describe	ed in				
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Part	t II.)							
9		An agricultural research org				ed in conju	inction with a land-grant	college				
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or				
		university:		,								
10	X	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from				
		activities related to its exem	*				· ·	-				
		income and unrelated busir		•	` '		• •	· ·				
		See section 509(a)(2). (Con		(,,,			, g	,				
11		An organization organized a	•	ively to test for public sat	etv See	section 50	)9(a)(4).					
12	H	An organization organized a	· ·	•	•			nurnoses of one or				
		more publicly supported or	· ·	•	-		•					
		lines 12a through 12d that	-					SHOOK THE BOX OH				
_		Type I. A supporting orga	* *					aivina				
а	· L		· · · · · · · · · · · · · · · · · · ·		•	_						
		the supported organization			majority o	n the direc	tors or trustees or the st	ipporting				
		organization. You must o	-		: : 11 - : 1			.i				
b	, <u> </u>		•					-				
		control or management o			ame perso	ns that co	ntroi or manage the supp	оотеа				
		organization(s). You mus	-				and for all and the last and the	J 245				
C	;		-				• •	ed With,				
	. —	its supported organization		·								
C	·		= ::				• • • • • • • • • • • • • • • • • • • •	* *				
		that is not functionally int	-		-		•	/eness				
	_	requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.					
e	•	Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.						
f	Ente	er the number of supported o	organizations									
		vide the following information			(iv) Is the oras	anization listed						
	(	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other support (see instructions)				
		Organization		àbove (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
_												
Tota	ai						I	I				

#### 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.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_	Public support. Subtract line 5 from line 4.						
	tion B. Total Support		T				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for th	· ·		•	•	. , . ,	
S0/	organization, check this box and storetion C. Computation of Publi						
		• • • • • • • • • • • • • • • • • • • •		l (f))			
	Public support percentage for 2022 (I		•	***		14	<u>%</u>
	Public support percentage from 2021 33 1/3% support test - 2022. If the content is the content in the content is the content in the content is the content in the content i					15	% x and
iva	stop here. The organization qualifies						
h	33 1/3% support test - 2021. If the o		-			or more check th	
	and <b>stop here.</b> The organization qual	-					
17a	10% -facts-and-circumstances test						
a	and if the organization meets the fact:	-					
	meets the facts-and-circumstances te			=		-	
h	10% -facts-and-circumstances test	-			-	17a. and line 15 is	
	more, and if the organization meets the	ū				•	. 5, 0 5,
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-				;
				, , ,	,		(Form 990) 2022

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

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

Se	ction A. Public Support	ciow, picase comp	icte i art ii.j					
Cale	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and membership fees received. (Do not		27,708.	00 724	112 520	01 144	220 016	
_	include any "unusual grants.")	26,811.	21,100.	90,724.	112,529.	01,144.	338,916.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	26,811.	27,708.	90,724.	112,529.	81,144.	338,916.	
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons	2,007.	1,980.	30,699.	2,500.		37,186.	
t	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						0.	
	Add lines 7a and 7b	2,007.	1,980.	30,699.	2,500.		37,186.	
8	Public support. (Subtract line 7c from line 6.)						301,730.	
Se	ction B. Total Support							
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 6	26,811.	27,708.	90,724.	112,529.	81,144.	338,916.	
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,042.	24,103.	7,242.	9,782.	11,010.	64,179.	
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b	12,042.	24,103.	7,242.	9,782.	11,010.	64,179.	
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			746.	58.	56.	860.	
13	Total support. (Add lines 9, 10c, 11, and 12.)	38,853.	51,811.	98,712.	122,369.	92,210.	403,955.	
14	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,	
	ction C. Computation of Publi					1	74.60	
	Public support percentage for 2022 (li	, (,,		(//		15	74.69 % 70.48 %	
	Public support percentage from 2021 ction D. Computation of Inves					16	70.48 %	
	•			20 13 column (f)		17	15.89 %	
	Investment income percentage for 20 Investment income percentage from 3					18	17.59 %	
	8 Investment income percentage from 2021 Schedule A, Part III, line 17							
	more than 33 1/3%, check this box ar						Y	
k	o 33 1/3% support tests - 2021. If the	=	-					
••	line 18 is not more than 33 1/3%, che		•	· ·		-		
ンロ	Private foundation. If the organization	n did not check a b	ox on line 14 19a	roriyo checkith	is nox and see inst	ructions	1 1	

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
та		
4b		
_		
4c		
5a		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
9c		
10a		
10b		
 Λ /Γονν	- 000	2022

Pai	TIV Supporting Organizations (continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
		1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. 1: tion B. Type I Supporting Organizations	1c		
Sec	tion B. Type i Supporting Organizations	$\overline{}$	<del>,,</del>	
			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 <b>Part VI</b> 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		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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,			
		2		
Sec	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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	7	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	and organization maintained a close and commission many relationship man and capported organization (o).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ctions	3)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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			
	and the state of the significant	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			
	The second details in	la		
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.	Bb		

Schedule A (Form 990) 2022

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

6

instructions).

emergency temporary reduction (see instructions)

Schedule A (Form 990) 2022

e Excess from 2022

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

GROTON CONSERVATION TRUST

**Employer identification number** 04-6169832

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts	<ul> <li>Complete if th</li> </ul>	ie
	organization disenses the services of the serv	(a) Donor advis	sed funds	(b) Funds	and other accou	nts
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		neld in donor advise	ed 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 ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·			Yes	No
Pai						
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply	).			
	X Preservation of land for public use (for example, recreat		_	a historically im	portant land area	l
	X Protection of natural habitat	,	_	a certified histor		
	X Preservation of open space	_				
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contri	bution in the form o	of a conservation	n easement on th	e last
	day of the tax year.				eld at the End of th	
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired at					
	historic structure listed in the National Register	• • •		2d		
3	Number of conservation easements modified, transferred, rele				ring the tax	
	year		•	· ·	· ·	
4	Number of states where property subject to conservation ease	ement is located	1			
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			X Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					ear
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and e	enforcing conservat	ion easements o	during the year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	nts of section 170(h	n)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its rev	enue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	's financial stateme	ents that describ	es the	
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of		easures, or Ot	her Similar <i>A</i>	ssets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its re	venue statement a	nd balance shee	t works	
	of art, historical treasures, or other similar assets held for public	lic exhibition, educatio	n, or research in fu	rtherance of pub	olic	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	escribes these item	S.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its reven	ue statement and b	alance sheet wo	orks of	
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furth	erance of public	service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			\$_		
	(ii) Assets included in Form 990, Part X			\$_		
2	If the organization received or held works of art, historical trea	sures, or other similar	assets for financial	gain, provide		
	the following amounts required to be reported under FASB AS	SC 958 relating to thes	e items:			
а	Revenue included on Form 990, Part VIII, line 1			\$_		
<u>b</u>	Assets included in Form 990, Part X		• • • • • • • • • • • • • • • • • • • •	\$		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sc	hedule D (Form	990) 2022

	t III Organizations Maintaining Co	ollections of Art	. Historical Tre	asures. or Othe	r Simila	r Assets			ige Z
	Using the organization's acquisition, accession						COILLII	ueu)	
Ū	collection items (check all that apply):	on, and other records	, check any of the r	ollowing that make t	sigimoani	usc of its			
а	Public exhibition	d	I can or excl	nange program					
b	Scholarly research	e		lange program					
C	Preservation for future generations	e	Other						
4	Provide a description of the organization's co	llactions and avalain	how thoy further th	o organization's ove	mot purp	oco in Bort	VIII		
5	During the year, did the organization solicit or					JSE III Fait	AIII.		
3	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang								140
	reported an amount on Form 990, Par		te ii tile organization	Tanswered Tes O	11 01111 33	o, raitiv, i	1116 3, 01		
	Is the organization an agent, trustee, custodia	· · · · · · · · · · · · · · · · · · ·	ary for contributions	or other assets not	included				
	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII a						_ 103		110
	Too, explain the arrangement in rare xin e	and complete the follo	owing table.				Amount		
С	Beginning balance				1c				
	Additions during the year								
u e	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fo					<u> </u>	Yes		No
	If "Yes," explain the arrangement in Part XIII.				•			H	
	t V Endowment Funds. Complete if								
	35	(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	years b	oack
1a	Beginning of year balance	167,779.	163,485.	160,039.	· ·	156,155.	` '	156,9	
b	Contributions	2,650.	2,500.	2,500.		650.			200.
c	Net investment earnings, gains, and losses	2,529.	1,794.	946.		3,234.		-1,0	
d	Grants or scholarships	, .	,	<u> </u>		, -			
e	Other expenditures for facilities								
·	and programs								
f	Administrative expenses								
g g	End of year balance	172,958.	167,779.	163,485.		160,039.		156,1	155.
2	Provide the estimated percentage of the curre	· · ·	•	•	1	,			
a	Board designated or quasi-endowment	•	%	, mora do.					
b	Permanent endowment	%	_/~						
c		,							
_	The percentages on lines 2a, 2b, and 2c shou	-							
За	Are there endowment funds not in the posses	•	ion that are held an	d administered for t	he				
	organization by:	<del>g</del>					Γ	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?						
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipme	ent.							
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or ot			Accumulat	<b>I</b>	(d) Book	value	;
		basis (investm	,	1,393.	epreciation		F 761	2 0	12
	Land		5,/6	1,393.			5,761	., 59	<u>, , , , , , , , , , , , , , , , , , , </u>
b	Buildings								
C	Leasehold improvements								
d	Equipment								
	Other						5,761	20	3
ıota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990.Part 🛭	(. column (B). line 1(	Oc.)			7,101	L, 39	· O •

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 GROTON CONSE	ERVATION TRUS	г 04	-6169832 Page
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market 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" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 000 Part IV line :	11d Soc Form 000 Part V line 15	
	Description	Tra. See Form 990, Fart X, line 13.	(b) Book value
·	2000 I PLIOTI		(b) Book value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	,	,	(b) Book value
(1) Federal income taxes			. ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
\-\( \)			1

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... Schedule D (Form 990) 2022

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Part XI Reconciliation of Revenue per Audited Financial State	ements With Revenu	e per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)		0.	
e Add lines 2a through 2d  3 Subtract line 2e from line 1			
<ul><li>3 Subtract line 2e from line 1</li><li>4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:</li></ul>			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			
Part XII Reconciliation of Expenses per Audited Financial Sta			
Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
a Donated services and use of facilities			
<b>b</b> Prior year adjustments			
c Other losses	l l		
d Other (Describe in Part XIII.)	•		
e Add lines 2a through 2d			
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	40		
<ul><li>a Investment expenses not included on Form 990, Part VIII, line 7b</li><li>b Other (Describe in Part XIII.)</li></ul>			
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.			
Part XIII Supplemental Information.	<i>y</i>		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; P	art 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 5:			
CROMON CONCERNMENTON MRICH HAG A INTERNAL DO			
GROTON CONSERVATION TRUST HAS A WRITTEN PO	LICY REGARDING	F THE MONITOR	<u>.NG</u>
AND ENEODCEMENT OF EACEMENTS			
AND ENFORCEMENT OF EASEMENTS.			
PART II, LINE 9:			
·			
CONSERVATION EASEMENTS ARE REPORTED AT \$0	VALUE ON THE I	FINANCIALS IN	
ACCORDANCE WITH GCT'S POLICY; THE TRUST SE	TS ASIDE \$3,50	00 PER EASEMEN	IT AS
BOARD RESTRICTED FUNDS TO COVER POTENTIAL	FUTURE LEGAL (	COSTS NEEDED 1	<u>.'O</u>
DECEND EXCEMENTO			
DEFEND EASEMENTS.			
PART V, LINE 4:			
· ·			
PERMANENT ENDOWMENT INVESTMENT EARNINGS AR	E AVAILABLE FO	OR OPERATING	

# SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

GROTON CONSERVATION TRUST

Employer identification number 04-6169832

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LANDS, CONSERVATION EDUCATION
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS COMPLETED BY THE CPA FIRM IN CONJUNCTION WITH THE TREASURER WHO
REVIEWS THE COMPLETED 990 PRIOR TO FILING. THE BOARD IS NOTIFIED THE 990
IS COMPLETE AND MAY OBTAIN A COPY UPON REQUEST.
FORM 990, PART VI, SECTION B, LINE 12C:
A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS DISTRIBUTED TO EACH TRUSTEE
AND OFFICER TO BE COMPLETED. COMPLETED FORMS ARE REVIEWED BY THE BOARD AND
APPROPRIATE ACTION TAKEN AS NEEDED.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XII, LINE 2C:
NO CHANGE FROM PRIOR YEAR.

Office Use Only: Fiscal Year

## THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION **ONE ASHBURTON PLACE BOSTON, MASSACHUSETTS 02108**

(617) 727-2200, ext. 2101 www.mass.gov/ago/charities\_

#### Form PC

Report for the Fiscal Period: $01/01/22$ to $12/31$	(if applicable) Filing Fee or P				
AG Account #: 003933 Federal ID #:	04-61	69832	_	X Electronic Pay Confirmation	ment
Electronic Payment Confirmation #:				X Copy of IRS R	eturn
Attach printout of electron				Audited Finance Statements/Re	ial
Electronic Payment Date:				Amended Artic	eles/
When did the organization first engage in charitable work in Massachusetts? 11/24/1964				X Schedule A-1 X Schedule A-2	
				Schedule RO	
Has the organization applied for or been granted IRS tax exempt status?		X Yes	No	Schedule VCO Probate Accou	
If yes, date of application <b>OR</b> date of determination letter:		02/13/1	968		
IRS Exemption under 501(c):		3			
If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions?	n	X Yes	No		
Organization Data					
Name: GROTON CONSERVATION TRUST					
Mailing Address: PO BOX 395					
City: GROTON	s	tate: MA	ZIP:	01450	
Phone Number: 978-537-7701		Fax Number:			_
Email: JLLODRA@NEWHARBORFINANCIAL.CO	OM	Website: WWW • G	CTRUST.ORG		
In the table below, please enter the appropriate codes from the c Enter <b>up to 2</b> codes from Table 3 for your organization's main pu	•	ng tables found in the	e instructions.		
Category	Code		Category		Code
County (Table 1)	9	Organization Purpo	se Code 1		29
Type of Organization (Table 2)	3	Organization Purpo	se Code 2		28
Please check box if final return prior to dissolution:					
			Office Use Only: Pa	yment Received	
Form PC Rev. 01/2023	Page	1 of 15	-		

02-14-23

### 04-6169832

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1.	On what date was the organization created?
2.	Where was the organization created? MASSACHUSETTS
3.	What is the form of organization? (check one)
	Corporation Testamentary Trust
	Unincorporated Association Inter Vivos Trust
	Other (please describe): TRUST
4.	Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14.

5. Enter your summary of financial data:

	Financial Data	Amounts
Α.	Contributions, gifts, grants, and similar amounts received	81,144.
В.	Gross support and revenue	92,210.
C.	Program services and similar amounts paid out	111,964.
D.	Fundraising expenses	1,093.
E.	Management and general expenses	8,680.
F.	Payments to affiliates	0.
G.	Total expenses	121,737.
Н.	Net assets or fund balances at the end of the year	6,424,907.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
	KATHERINE COBURN				
1.	ADMIN/OUTREACH COOR	20.00	29,544.	0.	0.
2.					
3.					
4.					
5.					

7.	Was any compensation provided to any of the individuals listed in question 6 above not quantified in your response to 6?	If ye	s, please p	provi	de
	explanation (attach separate sheet)		Yes	X	No

Form PC 278002 02-14-23

Page 2 of 15 Rev. 01/2023

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	EXCALIBUR FARM	1,368.	LAND MAINTENANCE
2.	SPINELLI CPA PC	2,595.	CPA
3.	BENNETT BLACK	11,550.	MAINTENANCE
4.	LH DEMOLITION	9,800.	SUBCONTRACTOR
5.	READ CUSTOM SOILS LLC	4,049.	SUBCONTRACTOR

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

		Bar	nk			Addre	SS			Phone Number
WO:	RKERS	CREDIT	UNION	308	MAIN	STREET,	GROTON,	MA	01450	978-345-1021
10.	What is th	ne organizatio	n's accounting method?		Cash	X Accrual				
					Other (s <sub>/</sub>	pecify):				
11.	If organiza	ation's mailing	g address is a P.O. Box, lis	t the or	ganization	's full street add	ress:			
	Address:	145 MA	IN STREET							
	City: GR	OTON					State:	MA	ZIF	Code: 01450
12.	Contact F	Person Name:	JOHN LLODRA							
	Street Ad	dress: 82	SMITH STREET							
	City: GR						State:	MA	ZIF	Code: 01450

Phone Number: 978-537-7701

	GROTON CONSERVATION TRUST	04-6169832	
13.	During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?	X Yes	☐ No
14.	At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?  If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 uthe solicitation certificate requirement.	$oxed{X}$ Yes nless you are exempt from	☐ No
15.	If you are claiming an exemption from the solicitation certificate requirement, please indicate by che to identify which exemption applies to your organization.	ecking the box below	
	a religious organization		
	an organization which: (a) does not raise more than \$5,000 during a calendar year OR does n	ot receive contributions from	
	more than ten persons during a calendar year; AND (b) carries out all of its activities, including	g fundraising, through unpaid	
	volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for	his exemption.)	
16.	Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/o	hapters/branches/affiliates.	
17.	Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, a of organization.  STATEMENT 1	nd the principal salaried executives	
18.	Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to responsible for: custody of funds; distribution of funds; fundraising; and custody of financial record STATEMENT 2		
19.	Has this organization or any of its officers, directors, employees or fundraisers solicited funds in arother state?	y Yes	X No
	If yes attach list of states where solicitation was conducted, including registered agency, dates of re	gistration, registration numbers, any	

other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

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FORM PC	OFFICERS,	DIRECTORS,	TRUSTEES	AND EXECU	TIVES	STATEMENT 1
NAME AND ADI	DRESS			TITLE		
MARK GERATH PO BOX 395 GROTON, MA	01450			PRESIDEN	1T	
JOHN LLODRA PO BOX 395 GROTON, MA	01450			TREASURE	ΣR	
DAN VON KOHO PO BOX 395	DRN			TRUSTEE		
GROTON, MA	01450					
HOLLY ESTES PO BOX 395 GROTON, MA	01450			SECRETAF	RY/CLERK	
WENDY GOOD PO BOX 395 GROTON, MA	01450			TRUSTEE		
SUSAN HUGHES PO BOX 395 GROTON, MA				VICE PRE	ESIDENT	
EDWARD MCNIE PO BOX 395 GROTON, MA				TRUSTEE		
RICHARD MUEF PO BOX 395	łLKE			TRUSTEE		
GROTON, MA	01450					
ROBERT PINE PO BOX 395				TRUSTEE		
GROTON, MA	01450					
DAVID PITKIN PO BOX 395	1			TRUSTEE		
GROTON, MA	01450					
HEATHER RIEI PO BOX 395	LLY			TRUSTEE		
GROTON, MA	01450					

MICHELLE RUBY PO BOX 395 GROTON, MA 01450 TRUSTEE

CHARLES VANDER LINDEN

PO BOX 395

GROTON, MA 01450

TRUSTEE

TRUSTEE

BRIAN BETTENCOURT

PO BOX 395

GROTON, MA 01450

TRUSTEE

KRISTEN VON CAMPE

PO BOX 395

GROTON, MA 01450

FORM PC	PAGE 4, LINE 18	STATEMENT 2
NAME AND ADDRESS	AREA OF RESPONSIBI	LITY
JOHN LLODRA P O BOX 395 GROTON, MA 01450	AUTHORIZED TO SIGN	CHECKS
MARK GERATH P O BOX 395 GROTON, MA 01450	AUTHORIZED TO SIGN	CHECKS
JOHN LLODRA P O BOX 395 GROTON, MA 01450	RESPONSIBLE FOR CUS	STODY OF FUNDS
JOHN LLODRA P O BOX 395 GROTON, MA 01450	RESPONSIBLE FOR DIS	STRIBUTION OF FUNDS
BOARD OF TRUSTEES P O BOX 395 GROTON, MA 01450	RESPONSIBLE FOR FUN	NDRAISING
JOHN LLODRA P O BOX 395 GROTON, MA 01450	CUSTODY OF FINANCIA	AL RECORDS

#### GROTON CONSERVATION TRUST

20. Has this organization or any of its officers, directors, or employees:

	II ye	s, piease attach an explanation.		
	(a)	Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?	Yes	X No
	(b)	Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?	Yes	X No
	(c)	Been the subject of a proceeding regarding any solicitation or registration?	Yes	X No
	(d)	Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency?	Yes	X No
21.		e any restrictions been removed during the year from donor-restricted funds? s, please attach an explanation.	Yes	X No
22.		e donor-restricted funds been loaned to unrestricted funds? s, please attach an explanation.	Yes	X No
23.	Part	question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Relatives" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess our months salary or \$100,000, whichever dollar amount is less.	ed	
	(a)	Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?	Yes	X No
	(b)	Do you have such an agreement with any individual described in Related Party definition, sections (a) or (b)?	Yes	X No
	If yo	u answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stati	ng the	

amount of any payments made or value transferred, and describing the terms of each agreement.

Form PC 278005 02-14-23

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#### GROTON CONSERVATION TRUST

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relatives, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

	During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a		
	related party?	Yes	X No
B.	Has your organization leased assets to or leased assets from a related party?	Yes	X No
C.	Has your organization been indebted to a related party?	Yes	X No
D.	Has your organization allowed a related party to be indebted to it?	Yes	X No
E.	Has your organization made or held an investment in a related party?	Yes	X No
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
F.	Has your organization furnished goods, services, or facilities to a related party?	Yes Yes	X No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation		X No
	or other value in return?	Yes Yes	L <b>∆</b> No
١		Yes	X No
Н.	Has your organization paid or become obligated to pay wages, salary, or other compensation to a related party?	res	LA NO
	Heaven a variation transferred income or accept to as fee use by a valeted part of	Yes	X No
I.	Has your organization transferred income or assets to or for use by a related party?	res	ZZ NO
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material		
0.	financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	Yes	X No
	interioral interiority of and any officer, and ector of trustee receive anything of value not reported as compensation:	103	
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns		
'``	more than 10% of the outstanding shares?	Yes	X No
L.	   Is any property of the organization held in the name of or commingled with the property of any other person		
	or organization?	Yes	X No
	<u> </u>		
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's		
	officers, directors or trustees has a relationship?	X Yes	☐ No

STATEMENT 3

FORM PC PAGE 6, LINE 24 STATEMENT 3

NAME AND ADDRESS

NASHUA RIVER WATERSHED ASSOCIATION 592 MAIN STREET GROTON, MA 01450

NATURE OF TRANSACTION

AMOUNT INVOLVED

2 TRUSTEES ON BOARD OF NRWA

200.

PROCEDURE FOLLOWED

attachments, is true and  Date:	
IA ZIP Code 016	06
	MA ZIP Code 016

Form PC 278007 02-14-23

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# Schedule A-1 Solicitation Activities During Fiscal Year Covered By This Report

Ass Mailing  Mass Mailing  X Via the Internet  X Door-to-door  Raffle, beano, bingo or gaming event  Entertainment event  Sale of goods other than by telephone  Individual Mailings  X Telemarketing with sale of goods  Telemarketing with sale of ads  Grant Proposals  Other (specify):  dentify the method or methods you expect to use for the fundraising ( check all that apply):  Professional solicitor*  Own employees  X Telemarketing counsel*	List any names which will be used by the organization in co	onnection with the solicitation of funds, other than the offic	ial name which appears on
Mass Mailing Door-to-door  Raffle, beano, bingo or gaming event  Entertainment event Sale of goods other than by telephone Individual Mailings X Individual Mailings	page 1.		
Mass Mailing Door-to-door  Raffle, beano, bingo or gaming event  Entertainment event Sale of goods other than by telephone Individual Mailings X Individual Mailings			
Mass Mailing Door-to-door  Raffle, beano, bingo or gaming event  Entertainment event Sale of goods other than by telephone Individual Mailings X Individual Mailings Individual			
Mass Mailing Door-to-door  Raffle, beano, bingo or gaming event  Entertainment event Sale of goods other than by telephone Individual Mailings X Individual Mailings Individual Mailings X Individual Mailings Individual Mailin			
Mass Mailing Door-to-door  Raffle, beano, bingo or gaming event  Entertainment event Sale of goods other than by telephone Individual Mailings X Individual Mailings Individual Mailings X Individual Mailings Individual Mailin			
Mass Mailing Door-to-door  Raffle, beano, bingo or gaming event  Entertainment event Sale of goods other than by telephone Individual Mailings X Individual Mailings Individual Mailings X Individual Mailings Individual Mailin			
Door-to-door	Types of solicitation activities in which you expect to engaç	ge (check all that apply):	
Door-to-door	Mass Mailing	X Via the Internet	X
Entertainment event  Telemarketing without sale of goods or ads  Individual Mailings  X  Telemarketing with sale of goods  Corporate solicitations  Telemarketing with sale of ads  Telemarketing with sale of goods  Telemarketing with sale of solicitors  Telemarketing with sale of solicitors  Telemarketing with sale of sale solicitors  Telemarketing with sale solicitors  Telemarketing with sale sale solicitors  Telemarketing	-	<del>_</del> _	
Telemarketing without sale of goods or ads			
Telemarketing with sale of goods Telemarketing with sale of ads Telemarketing with sale of ad			
Telemarketing with sale of ads Grant Proposals X  Other (specify):  dentify the method or methods you expect to use for the fundraising ( check all that apply):  Professional solicitor* Own employees X  Professional fundraising counsel* Volunteers X  Commercial co-venturer*  Provide applicable names and addresses:  Professional Solicitor Name:  Address  City State ZIP Code  Professional Fundraising Counsel Name:			
Other (specify):			X
Dentify the method or methods you expect to use for the fundraising ( check all that apply):    Professional solicitor*			
Professional solicitor*    Own employees   X     Professional fundraising counsel*   Volunteers   X     Commercial co-venturer*	(4) //		
Professional solicitor*    Own employees   X     Professional fundraising counsel*   Volunteers   X     Commercial co-venturer*   Provide applicable names and addresses:    Professional Solicitor Name:   Address     City   State   ZIP Code     Professional Fundraising Counsel Name:			
Professional solicitor*    Own employees   X     Professional fundraising counsel*   Volunteers   X     Commercial co-venturer*   Provide applicable names and addresses:    Professional Solicitor Name:   Address     City   State   ZIP Code     Professional Fundraising Counsel Name:	dentify the method or methods you expect to use for the fi	undraising ( check all that apply):	
Professional fundraising counsel*  Commercial co-venturer*  Provide applicable names and addresses:  Professional Solicitor Name:  Address  City  State  ZIP Code  Professional Fundraising Counsel Name:			
Commercial co-venturer*  Provide applicable names and addresses:  Professional Solicitor Name:  Address  City State ZIP Code  Professional Fundraising Counsel Name:	Professional solicitor*	Own employees	
Provide applicable names and addresses:  Professional Solicitor Name:  Address  City State ZIP Code  Professional Fundraising Counsel Name:	Professional fundraising counsel*	Volunteers	X
Professional Solicitor Name:  Address  City State ZIP Code  Professional Fundraising Counsel Name:	Commercial co-venturer*		
Professional Solicitor Name:  Address  City State ZIP Code  Professional Fundraising Counsel Name:			
Address State ZIP Code Professional Fundraising Counsel Name:	* Provide applicable names and addresses:		
Address State ZIP Code Professional Fundraising Counsel Name:			
City State ZIP Code  Professional Fundraising Counsel Name:	Professional Solicitor Name:		
City State ZIP Code  Professional Fundraising Counsel Name:			
Professional Fundraising Counsel Name:	Address		
Professional Fundraising Counsel Name:			
	City	State Z	IP Code
Address	Professional Fundraising Counsel Name:		
Address			
	Address		
011	0.11	-	ND O
City          State          ZIP Code	City	State Z	IP Code
Commovaid Co Venturar Name	Commercial Co Venture: North		
Commercial Co-Venturer Name:	Commercial Co-venturer Name:		
Address	Addross		
Address	Audiess		
City State ZIP Code	City	State 7	IP Code

# Schedule A-1 ctd. Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions: JOHN LLODRA

Name and Title: TREASURER				
Address 82 SMITH STREET				
City GROTON	State	MA	ZIP Code	01450
MARK GERATH  Name and Title: PRESIDENT				
Address 123 FARMERS ROW				
City GROTON	State	MA	ZIP Code	01450
Name and Title:				
Address				
City	State		ZIP Code	
Identify the individuals who will have final responsibility for the charity's distrib ${\tt JOHN\ LLODRA}$ Name and Title: ${\tt TREASURER}$				
Address 82 SMITH STREET				
City GROTON	State	MA	ZIP Code	01450
MARK GERATH  Name and Title: PRESIDENT				
Address 123 FARMERS ROW				
City GROTON	State	<u>MA</u>	ZIP Code	01450
Name and Title:				
Address				
City	State		ZIP Code	

# Schedule A-2 Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

ist any names which will be used by the organization in connoage 1.	ection with the solicitation of funds, other than the official nam	e which appears on
Types of solicitation activities in which you expect to engage	(check all that apply):	
Mass Mailing	X Via the Internet	X
Door-to-door	Raffle, beano, bingo or gaming event	
Entertainment event	Sale of goods other than by telephone	
Telemarketing without sale of goods or ads		X
Telemarketing with sale of goods		
Telemarketing with sale of ads		X
Other (specify):		
dentify the method or methods you expect to use for the fund		[ <del></del> ]
Professional solicitor*	Own employees	X
Professional fundraising counsel*	Volunteers	X
Commercial co-venturer*		
Provide applicable names and addresses:		
Professional Solicitor Name:		
Address		
City	State ZIP Coo	de
Professional Fundraising Counsel Name:		
Address		
City	State ZIP Coo	de
Commercial Co-Venturer Name:		
Address		
City	State ZIP Coo	de

### Schedule A-2 ctd.

# Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: TREASURER		
Address 82 SMITH STREET		
City GROTON	State MA	ZIP Code 01450
MARK GERATH Name and Title: PRESIDENT		
Address 123 FARMERS ROW		
City GROTON	State MA	ZIP Code 01450
SUSAN HUGHES Name and Title: VICE PRESIDENT		
Address 45 WEST STREET		
City GROTON	o M7	o · 014F0
City GROTON	State MA	ZIP Code 01450
the individuals who will have final responsibility for the ch		ZIP Code U145U
the individuals who will have final responsibility for the ch JOHN LLODRA  Name and Title: TREASURER		ZIP Code U145U
the individuals who will have final responsibility for the character JOHN LLODRA  Name and Title: TREASURER  Address 82 SMITH STREET	narity's distribution of contributions:	
whe individuals who will have final responsibility for the change of JOHN LLODRA  Name and Title: TREASURER  Address 82 SMITH STREET  Dity GROTON  MARK GERATH	narity's distribution of contributions:	
Address 82 SMITH STREET  City GROTON  MARK GERATH  Name and Title: PRESIDENT	narity's distribution of contributions:	
with the individuals who will have final responsibility for the character JOHN LLODRA  Name and Title: TREASURER  Address 82 SMITH STREET  City GROTON  MARK GERATH  Name and Title: PRESIDENT  Address 123 FARMERS ROW	narity's distribution of contributions:	ZIP Code 01450
whe individuals who will have final responsibility for the change of John Llodra Name and Title: TREASURER  Address 82 SMITH STREET  City GROTON  MARK GERATH  Name and Title: PRESIDENT  Address 123 FARMERS ROW  City GROTON  SUSAN HUGHES	narity's distribution of contributions:  State MA	ZIP Code 01450
y the individuals who will have final responsibility for the cheat JOHN LLODRA  Name and Title: TREASURER  Address 82 SMITH STREET  City GROTON  MARK GERATH  Name and Title: PRESIDENT  Address 123 FARMERS ROW  City GROTON	narity's distribution of contributions:  State MA	ZIP Code 01450

### **Certification by Organization**

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature:	Date:
Printed Name: JOHN LLODRA	
Title: TREASURER	
Signature:	Date:
Printed Name:	
Title:	

Form PC 278012 02-14-23 Page 12 of 15 Rev. 01/2023

# Form **990**

## EXTENDED TO NOVEMBER 15, 2023 **Return of Organization Exempt From Income Tax**

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

Depar	tment of	the Treasury ue Service	Do not enter social securit Go to www.irs.gov/Forn	y numbers on this form as 1990 for instructions and t	-	•	Open to Public Inspection
A For the 2022 calendar year, or tax year beginning and ending							
<b>3</b> CI	heck if	C Name of	rorganization		<u></u>	D Employer identific	cation number
	Addres	S CROM	ON CONCEDUATION TOLIC	п			
	∫change ⊺Name		ON CONSERVATION TRUS	Γ΄		04-61698:	2.2
	∫change ⊺Initial		usiness as	- d to -turet - d duese)	D = = == /= :: it =		-
	_return _Final _return/		and street (or P.O. box if mail is not deliver $0X  ext{ } 395$	ed to street address)	Room/suite	E Telephone number 978-537-7	
	termin- ated	City or to	own, state or province, country, and ZIP	or foreign postal code		G Gross receipts \$	317,166.
	Amend return	ed GROT	ON, MA 01450			H(a) Is this a group re	eturn
	Application	r Name ar	nd address of principal officer: JOHN	LLODRA		for subordinates	? Yes X No
	pendin	<sup>9</sup>  82 SM	ITH STREET, GROTON, 1	MA 01450		H(b) Are all subordinates in	cluded? Yes No
ΙT	ax-exe	mpt status: 🏻	<b>X</b> 501(c)(3) 501(c)(	(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
J W	/ebsit	e: WWW.	GCTRUST.ORG			H(c) Group exemption	
		organization:	Corporation X Trust Assoc	ation Other	<b>L</b> Year	of formation: $1964$ N	1 State of legal domicile; MA
Pa		Summary					
اه			e the organization's mission or most sign				
Activities & Governance	9	OF LAND	HELD IN CONSERVATION				
Ľ.		Check this box			sed of more	1 1	
Š			ing members of the governing body (Par	, , , , , , , , , , , , , , , , , , , ,		3	15
∞ ∞			ependent voting members of the govern				15
<u>e</u> s			of individuals employed in calendar year				1
Ĭ			of volunteers (estimate if necessary)				30
Act			d business revenue from Part VIII, colum				0.
$\dashv$	b	Net unrelated	business taxable income from Form 990	-1, Part I, line 11		7b Prior Year	Current Year
	• Contributions and		and grants (Dort VIII line 1h)			114,704.	81,144.
e			/= · · · · · · · · · · · · · · · · ·			0.	0.
Revenue		•				25,744.	8,872.
Be			come (Part VIII, column (A), lines 3, 4, and (Part VIII, column (A), lines 5, 6d, 8c, 9c			2,608.	1,956.
			- add lines 8 through 11 (must equal Par			143,056.	91,972.
$\dashv$			nilar amounts paid (Part IX, column (A), I			0.	0.
			to or for members (Part IX, column (A), lin			0.	0.
,			compensation, employee benefits (Part			30,789.	32,198.
Expenses			undraising fees (Part IX, column (A), line			0.	0.
Pe			ng expenses (Part IX, column (D), line 25	1 0	93.		
щ	17 (	Other expense	es (Part IX, column (A), lines 11a-11d, 11	-24e)		36,366.	89,539.
	18	Total expenses	s. Add lines 13-17 (must equal Part IX, c	olumn (A), line 25)		67,155.	121,737.
	<b>19</b>	Revenue less	expenses. Subtract line 18 from line 12			75,901.	-29,765.
Net Assets or und Balances					Ве	ginning of Current Year	End of Year
Ssets	20	· ·				6,496,220.	6,425,764.
盟	21					975.	857.
	22   rt	Net assets or t Signature	fund balances. Subtract line 21 from line	20		6,495,245.	6,424,907.
			I declare that I have examined this return, incl	uding accompanying achadular	and stateme	unto, and to the heat of my	knowledge and holiaf it is
			Declaration of preparer (other than officer) is			· ·	knowledge and belief, it is
iuo,	COLLECT	i, and complete.	Deciaration of preparer (other than officer) is	based on an information of wi	non proparci	ilas arīy kilowicuge.	
Sign	, †	Signature of of	ficer			Date	
Here		JOHN LL	ODRA, TREASURER				
	- F	Type or print na					
		Print/Type prep	parer's name Pro	parer's signature	1	Date Check	PTIN
Paid	þ	KAREN S		REN SPINELLI	1	1/13/23 if self-employe	P00644492
rep	F	Firm's name	SPINELLI CPA PC				2-5448715
Jse (	Only	Firm's address	146 WEST BOYLSTON D	RIVE, SUITE 30	2		
•			WORCESTER, MA 01606			Phone no. 50	8-365-6522

May the IRS discuss this return with the preparer shown above? See instructions LHA For Paperwork Reduction Act Notice, see the separate instructions. X Yes No Form 990 (2022)

Pai	Check if Ochack to Occasion a service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	DOMEDE
	LAND CONSERVATION, MAINTENANCE OF LAND HELD IN CONSERVATION, P	KOATDE
	PUBLIC ACCESS TO CONSERVATION LANDS, CONSERVATION EDUCATION	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	1es1NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	res _zz_ No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b	v ovnoncoc
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	• •
	revenue, if any, for each program service reported.	expenses, and
4a	(Code:) (Expenses \$1111, 964. including grants of \$) (Revenue \$	1
·u	DURING THE YEAR THE ORGANIZATION CONTINUED MAINTAINING ITS CON	SERVATION
	PROPERTIES AND PROVIDING PUBLIC ACCESS TO THEM. THE ORGANIZAT	
	CONTINUED EDUCATING THE PUBLIC REGARDING LOCAL CONSERVATION IS	
	CONTINUED EDUCATING THE LODGIC REGIMENTA EQUAL CONSUMVITION ID	БОДБ.
4b	(Code:) (Expenses \$) (Revenue \$)	)
4c	(Code:) (Expenses \$) (Revenue \$)	)
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 111,964.	,
	· · · · · · · · · · · · · · · · · · ·	Form <b>990</b> (2022)

# Form 990 (2022) GROTON CONSERVATION TRUST Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	х	
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-	- 21	
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			, .
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
		144		
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			
		445		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<sub>V</sub>
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ <b>.</b> ,
	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,			٦,
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

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Form 990 (2022) GROTON CONSERVATION TRUST

Part IV | Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
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,			<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
20	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<u> </u>
J-7		34		x
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pal	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
	Fatoutho number was add in hou 0 of Farm 1000 Fatou 0 if not are likely		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1a 4  D			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
U	(gambling) winnings to prize winners?	1c	Х	
232004	4 12-13-22			(2022)

022) GROTON CONSERVATION TRUST

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

		ı		Yes	No
<b>2</b> 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 return2a	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	)?	4a		_X_
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	s (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		_ <u>X</u> _
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have a greater	nization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pr		7a		<u> </u>
b	•	Second Second	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requi		<b>-</b>		Х
	to file Form 8282?		7c		
d	, , , , , , , , , , , , , , , , , , , ,	n	7.		
e •	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract.		7e 7f		
f		0. aa raguirad?	7 <u>1</u>		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 889 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		/11		
Ü			8		
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the constitution and in a distribution to a decomposition and the decomposition and		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 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
	Enter the amount of reserves on hand				- V
			14a		_X_
	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 of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of the section 4960 tax of the s				v
	excess parachute payment(s) during the year?		15		_X_
40	If "Yes," see the instructions and file Form 4720, Schedule N.	2	40		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incom	er	16		
17	If "Yes," complete Form 4720, Schedule O.  Section 501(a)(21) organizations. Did the trust, or any disqualified or other person organs in any activities.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 49532		17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  If "Yes," complete Form 6069.		17		
	ii res, complete ronni ouos.				

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GROTON CONSERVATION TRUST 04-6169832 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 **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. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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	X	
b	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	Х	
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		X
b	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?	16h		

### Section C. Disclosure

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17	List the states with which a copy of this Form 990 is required to be filed	Μ	Į/	9

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records JOHN LLODRA - 978-537-7701

82 SMITH STREET, GROTON, MA 01450

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MARK GERATH	8.00									
PRESIDENT	7.00	Х	_	Х				0.	0.	0.
(2) JOHN LLODRA	7.00	3,7		,,						
TREASURER	2 00	Х		Х				0.	0.	0.
(3) DAN VON KOHORN	3.00	3,7								
TRUSTEE (4) HOLLY ESTES	4 00	Х	_					0.	0.	0.
(4) HOLLY ESTES SECRETARY/CLERK	4.00	Х		х				0.	0.	0.
(5) WENDY GOOD	3.00	Λ		^				0.	0.	0.
TRUSTEE	3.00	Х						0.	0.	0.
(6) SUSAN HUGHES	7.00	^						0.	0.	· ·
VICE PRESIDENT	7.00	Х		х				0.	0.	0.
(7) EDWARD MCNIERNEY	5.00	22		22				0.		•
TRUSTEE	3.00	х						0.	0.	0.
(8) RICHARD MUEHLKE	5.00	<u> </u>								
TRUSTEE		Х						0.	0.	0.
(9) ROBERT PINE	6.00									
TRUSTEE		Х						0.	0.	0.
(10) DAVID PITKIN	5.00									
TRUSTEE		Х						0.	0.	0.
(11) HEATHER RIELLY	5.00									
TRUSTEE		Х						0.	0.	0.
(12) MICHELLE RUBY	5.00									
TRUSTEE		Х						0.	0.	0.
(13) CHARLES VANDER LINDEN	6.00									
TRUSTEE		Х						0.	0.	0.
(14) BRIAN BETTENCOURT	5.00									
TRUSTEE		Х						0.	0.	0.
(15) KRISTEN VON CAMPE	5.00	1						_	_	_
TRUSTEE		Х	_					0.	0.	0.
		-								
		-								
		$\frac{1}{2}$								
	I		l	l		I				l

Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	ΙΗις	gnes	t C	ompensated Employee	s (continued)				
(A)	(B)	(C) Position		(D)	(E)		_	(F)					
Name and title	Average hours per		not cl	heck r	more '	than d s both		Reportable compensation	Reportable compensation			timate nount (	
	week					r/trust		from	from related			other	J1
	(list any hours for	rector						the	organization			pensa	
	related	e or di	stee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			om the anizati	
	organizations	truste	nal trus		yee	om per		1099-NEC)	10001120)		•	d relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
	iii ie)	<u>=</u>	lns	100	Key	Hig	면						
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0.		0.			0.
Total number of individuals (including but n									000 of reportable				
compensation from the organization												<b>V</b>	0
3 Did the organization list any <b>former</b> officer,	director trust	ee k	ev e	mnl	OVE	e or	hia	hest compensated empl	ovee on	1		Yes	No
line 1a? If "Yes," complete Schedule J for si	-		•	•	•		•	·	•		3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150			•								4		<u>X</u>
5 Did any person listed on line 1a receive or a											_		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e <i>J t</i> o	or su	ich r	perso	on .		······			5		Λ
Complete this table for your five highest contains the second secon	mpensated inc	lepe	nder	nt cc	ntra	actor	s th	nat received more than \$	100,000 of comp	oensat	ion fro	om	
the organization. Report compensation for	he calendar ye	ear e	ndin	ig w	ith o	or wit	thin T		ear.			••	
(A) Name and business	address	NC	ONE	3				( <b>B</b> ) Description of s	ervices	С	ompe	nsation	า
							$\dashv$						
							$\dashv$						
O Total number of independent control.	aduadia e Je e t	a+ 1*	n:4 -	14- '	- h - ·	n !!-	+c -!	abaya) yaka maraksa d	ave the				
2 Total number of independent contractors (ii \$100,000 of compensation from the organiz		ut IIN	IIITEC	ı tO 1	tnos 0		rea	above) who received mo	ore than				

Form 990 (2022) GROTON
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
တ္ထ	1 9	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	1 6	Membership dues 1b	11,654.				
يَّ ق			11,054.				
fts, Ar		3					
ig ig	C		36,054.				
ns, Sir	e	Government grants (contributions) 1e	30,034.				
e ti	Ť	All other contributions, gifts, grants, and	22 426				
듗됨		similar amounts not included above 1f	33,436.				
d Di	õ	Noncash contributions included in lines 1a-1f 1g \$		01 144			
<u>0 g</u>	h	Total. Add lines 1a-1f		81,144.			
			Business Code				
9	2 a						
Program Service Revenue	b						
S Z	c	·					
am eve	c	l					
og B	e	·					
Ā	f	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
		other similar amounts)		9,110.			9,110.
	4	Income from investment of tax-exempt bond p		•			•
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 1,900.	. ,				
		Less: rental expenses 6b 0.					
		Rental income or (loss) 6c 1,900.					
		I. Not rental income or (loss)		1,900.			1,900.
		Gross amount from sales of (i) Securities	(ii) Other	1,500.			1,500.
	1 a	004 056	(ii) Other				
		-					
•	10	Less: cost or other basis					
nu		and sales expenses 76 225,194. Gain or (loss) 7c -238.					
her Revenue	C	( )		-238.			-238.
Ř		Net gain or (loss)		-236.			-238.
	8 a	Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b					
	C	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
	b	Less: direct expenses9b					
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
snc	11 a	OTHER INCOME	531390	56.	56.		
Miscellaneous Revenue	b						
ella	c						
ŠČ		All other revenue					
Σ	_	Total. Add lines 11a-11d		56.			
	12	Total revenue. See instructions		91,972.	56.	0.	10,772.

232009 12-13-22

Paction F01(a)(2) and F01(a)(4) arganizations must complete all columns. All other arganizations must complete column (

Do:	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, Bb, 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				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	22 544	00 544		
7	Other salaries and wages	29,544.	29,544.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2 (54	2 (54		
10	Payroll taxes	2,654.	2,654.		
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2 505		2 505	
С.	Accounting	2,595.		2,595.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	848.		848.	
13	Office expenses	040.		040.	
14	Information technology				
15 16	Royalties	4,992.		4,992.	
16 17	Occupancy	4,352.		4,332.	
	Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,437.	2,437.		
19 20		2/10/10	2,3076		
20 21	Payments to affiliates				
2 I 22	Depreciation, depletion, and amortization				
23	Insurance	5,800.	5,800.		
24	Other expenses. Itemize expenses not covered	2,000	3,000		
	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	MAINTENANCE	65,904.	65,904.		
b	POSTAGE AND PRINTING	2,617.	2,617.		
c	LAND TAXES	1,533.	1,533.		
d	DONATIONS FOR CONSERVAT	1,450.	1,450.		
	All other expenses	1,363.	25.	245.	1,093
25	Total functional expenses. Add lines 1 through 24e	121,737.	111,964.	8,680.	1,093
26	Joint costs. Complete this line only if the organization		·		•
	reported in column (B) joint costs from a combined				
	reperted in ceranin (2) jeint ecote in ein a cernamea				
	educational campaign and fundraising solicitation.				

Form 990 (2022)
Part X Balance Sheet

Part X	Λ	Balance Sneet					
		Check if Schedule O contains a response or note t	to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	1	Cash - non-interest-bearing	30,766.	1	37,866		
2	2	Savings and temporary cash investments			64,419.	2	31,903
3	3	Pledges and grants receivable, net			3		
4	4	Accounts receivable, net			2,550.	4	2,500
5		Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan	ntial co	ontributor, or 35%			
		controlled entity or family member of any of these	persor	nsL		5	
6	6	Loans and other receivables from other disqualified	d pers	ons (as defined			
		under section 4958(f)(1)), and persons described in		6			
တ္ 7	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹   g	9					9	
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,761,393.			
	b	Less: accumulated depreciation	10b		5,761,393.		5,761,393
11	1	Investments - publicly traded securities	637,092.	11	592,102		
12	2	Investments - other securities. See Part IV, line 11		12			
13	3	Investments - program-related. See Part IV, line 11		13			
14	4	Intangible assets				14	
15	5	Other assets. See Part IV, line 11				15	
16	6	Total assets. Add lines 1 through 15 (must equal			6,496,220.	16	6,425,764
17	7	Accounts payable and accrued expenses		975.	17	857	
18	8	Grants payable			18		
19	9	Deferred revenue		19			
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete Pa				21	
မ္မ 22	2	Loans and other payables to any current or former					
<b>≜</b>		trustee, key employee, creator or founder, substan					
Liabilities		controlled entity or family member of any of these				22	
23		Secured mortgages and notes payable to unrelate				23	
24		Unsecured notes and loans payable to unrelated the				24	
25	5	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	7-24).	Complete Part X			
	_	of Schedule D			975.	25	0 5 7
26	6	Total liabilities. Add lines 17 through 25		X	915.	26	857
ړي		Organizations that follow FASB ASC 958, check	( nere				
ے ا م	_	and complete lines 27, 28, 32, and 33.			6,457,355.	07	6 382 335
27   <u>aa</u>					37,890.	27	6,382,335 42,572
<u>හි</u>   28	6	Net assets with donor restrictions			37,030.	28	42,372
5		Organizations that do not follow FASB ASC 958	s, cnec	ck nere			
<u>ة</u>   م	_	and complete lines 29 through 33.				00	
St 29		Capital stock or trust principal, or current funds				29	
88   30		Paid-in or capital surplus, or land, building, or equi				30	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated inco			6,495,245.	31	6,424,907
_		Total net assets or fund balances			6,496,220.	32	6,425,764
33	<u>ა</u>	Total liabilities and net assets/fund balances			0,400,220.	33	Form <b>990</b> (202

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		1,9				
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,7				
3	Revenue less expenses. Subtract line 2 from line 1	3		9,7				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,49	5,2	45.			
5	Net unrealized gains (losses) on investments	5	<b>- 4</b>	0,5	73.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	6,42	4,9	07.			
Part 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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	225				
			Forn	₁990	(2022)			

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

GROTON CONSERVATION TRUST 04-6169832 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	tion B. Total Support		T	Т	T	T	1
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
	<b>Total support.</b> Add lines 7 through 10	-1- (	>			40	
	Gross receipts from related activities,			f		12	
13	First 5 years. If the Form 990 is for the	· ·		*	•	. , . ,	
Sec	organization, check this box and stopertion C. Computation of Publi				•••••		
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021		•	.,,		15	<u> </u>
	<b>33 1/3% support test - 2022.</b> If the c						
100	<b>stop here.</b> The organization qualifies					iore, ericeit triis se	
b	<b>33 1/3% support test - 2021.</b> If the c		-				
_	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_	-				
	meets the facts-and-circumstances te			=			
b	10% -facts-and-circumstances test	•	•		•		
_	more, and if the organization meets the	_	-				
	organization meets the facts-and-circu				-		
18	<b>Private foundation.</b> If the organization		-		•		
				<u> </u>			(Form 990) 2022

### 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	ction A. Public Support	,,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	26,811.	27,708.	90,724.	112,529.	81,144.	338,916.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	0.5 0.1.1	07.70	22 524	110 500	04 444	222
	Total. Add lines 1 through 5	26,811.	27,708.	90,724.	112,529.	81,144.	338,916.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	2,007.	1,980.	30,699.	2,500.		37,186.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b	2,007.	1,980.	30,699.	2,500.		37,186.
	Public support. (Subtract line 7c from line 6.)			,			301,730.
Sed	ction B. Total Support	'	•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	26,811.	27,708.	90,724.	112,529.	81,144.	338,916.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,042.	24,103.	7,242.	9,782.	11,010.	64,179.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	12,042.	24,103.	7,242.	9,782.	11,010.	64,179.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital			746.	58.	56.	860.
13	assets (Explain in Part VI.)	38,853.	51,811.	98,712.	122,369.	92,210.	403,955.
	First 5 years. If the Form 990 is for th		•	-		-	
	check this box and stop here						
Sed	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (li	ne 8, column (f), di	vided by line 13, c	olumn (f))		15	7 <b>4.</b> 69 %
	Public support percentage from 2021					16	70.48 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>22</b> (line 10c, colum	nn (f), divided by lin	e 13, column (f))		17	15.89 %
	Investment income percentage from 2					18	17 <b>.</b> 59 %
19a	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box an						<u>X</u>
b	33 1/3% support tests - 2021. If the						nd
20	line 18 is not more than 33 1/3%, chec			•		•	H

# Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "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?
- 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).
- 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
4		
1		
2		
_		
За		
3b		
3c		
_		
4a		
4b		
46		
4c		
_		
5a		
5b		
5c		
6		
7		
,		
8		
9a		
9b		
00		
9c		
10a		
10b		
ule A (Forr	n 990)	2022

Pai	TIV Supporting Organizations (continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
		1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. 1: tion B. Type I Supporting Organizations	1c		
Sec	tion B. Type i Supporting Organizations	$\overline{}$	<del>,,</del>	
			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 <b>Part VI</b> 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		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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,			
		2		
Sec	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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	7	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	and organization maintained a close and commission many relationship man and capported organization (o).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ctions	3)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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			
	and the state of the significant	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			
	The second details in	la		
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.	Bb		

Schedule A (Form 990) 2022

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

6

instructions).

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

emergency temporary reduction (see instructions)

Schedule A (Form 990) 2022

e Excess from 2022

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

Department of the Treasury

Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

GROTON CONSERVATION TRUST

**Employer identification number** 04-6169832

Par			or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	e 6.  (a) Donor advised funds	(b) Funds and other accounts					
_	Total growth and and of const	(a) Donor advised lurids	(b) Funds and other accounts					
1	Total number at end of year							
2 3	Aggregate value of contributions to (during year)							
4	Aggregate value of grants from (during year) Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in v	L	ed funds					
J	are the organization's property, subject to the organization's	-						
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor o							
	• •							
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, I						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).						
	X Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area					
	Protection of natural habitat  Preservation of a certified historic structure							
	X Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form						
	day of the tax year.		Held at the End of the Tax Year					
	Total number of conservation easements							
	Number of conservation easements on a certified historic structure of the		2c					
d	Number of conservation easements included in (c) acquired a		04					
2	historic structure listed in the National Register  Number of conservation easements modified, transferred, rel							
3		eased, extinguished, or terminated by the	organization during the tax					
4	year Number of states where property subject to conservation eas	sement is located						
5	Does the organization have a written policy regarding the per							
	violations, and enforcement of the conservation easements it		X Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,							
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year					
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(	h)(4)(B)(i)					
9	In Part XIII, describe how the organization reports conservation							
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statement	ents that describes the					
Dar	organization's accounting for conservation easements.  t III Organizations Maintaining Collections of	Art Historical Treasures or Ot	har Similar Assats					
Fai	Complete if the organization answered "Yes" on Form		nei Siiniiai Assets.					
			nd halanaa ahaat waxka					
та	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put	·						
	service, provide in Part XIII the text of the footnote to its finar	,	•					
h	If the organization elected, as permitted under FASB ASC 95							
b	art, historical treasures, or other similar assets held for public							
	provide the following amounts relating to these items:	oxination, education, or resourch in fact	retailed of public service,					
	(i) Revenue included on Form 990, Part VIII, line 1		\$					
2	If the organization received or held works of art, historical treations							
_	the following amounts required to be reported under FASB A							
а	Revenue included on Form 990, Part VIII, line 1		\$ <u></u>					
	Assets included in Form 990, Part X							
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022					

	t III Organizations Maintaining Co	llections of Art,	Historical Trea	asures, or Oth	er Si	milar	Assets	(contin	nued)
3									
	collection items (check all that apply):								
а	Public exhibition								
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain	how they further the	e organization's ex	empt į	purpos	e in Part	XIII.	
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be main	ntained as part of the	e organization's col	lection?				Yes	☐ No
Par	t IV Escrow and Custodial Arrang							ine 9, or	
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodian	n or other intermedia	ary for contributions	or other assets no	t inclu	ıded			
	on Form 990, Part X?						$\square$	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar				_				
							Amount	t	
С	Beginning balance				[	1c			
d						1d			
е		ons during the year 1d 1d 1e							
f	Ending balance					1f			
2a	Did the organization include an amount on For							Yes	No
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the exp	lanation has been p	provided on Part XII					
Par	t V Endowment Funds. Complete if	the organization ans	wered "Yes" on For	m 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back		Three ye	ars back	(e) Four	years back
1a	Beginning of year balance	167,779.	163,485.	160,039.		15	156,155.		156,965.
b	Contributions	2,650.	2,500.	2,500.		650.			200.
c	Net investment earnings, gains, and losses	2,529.	1,794.	946.		3,234.			-1,010.
d	Grants or scholarships	·	,						
	Other expenditures for facilities								
_	and programs								
f	Administrative expenses								
g	End of year balance	172,958.	167,779.	163,485,	.†	160,039.			156,155.
2	Provide the estimated percentage of the current		(line 1g. column (a))	held as:	-		,		
a	Board designated or quasi-endowment		%	,					
b	Permanent endowment	%							
c	Term endowment %								
Ū	The percentages on lines 2a, 2b, and 2c shoul								
За	Are there endowment funds not in the possess	•	ion that are held an	d administered for	the				
-	organization by:	ordinar and organizat	ion that are note an	a aarminotoroa ioi				ſ	Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	d on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the o								
Par	t VI Land, Buildings, and Equipme		mont fands.						
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. Se	ee Form 990, Part >	K, line	10.			
	Description of property	(a) Cost or otl		Ī		mulated	4	(d) Bool	k value
	2 coonplicit of property	basis (investme				iation		(4, 200.	
	Land	,	5.76	1,393.	•			5.761	1,393.
b	Buildings		2,7.0	,				.,	, = = = =
C	Leasehold improvements								
d	Equipment	<b>I</b>							
	Other								
	. Add lines 1a through 1e. (Column (d) must ea		column (R) line 10	)c.)				5.761	1,393.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.	ERVATION TRUS		l-6169832 Page <b>3</b>
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(A) =:	(b) Book value	(c) Wethod of Valuation. Cost of Cit	d of year market 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"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Dort IV line	11d Soc Form 000 Port V line 15	
	Description	Tru. See Form 990, Fart A, line 13.	(b) Book value
- <u></u>	Description		(b) Book value
<u>(1)</u>			
<u>(2)</u> (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	2 15.)		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	5.
1. (a) Description of liability	,	,	(b) Book value
(1) Federal income taxes			.,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		
Column (b) mast equal 1 onn 550, 1 art 7, col. (b) line	·/		<u> </u>

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... Schedule D (Form 990) 2022

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Part XI Reconciliation of Revenue per Audited Financial St		ue per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)  e Add lines 2a through 2d		20	
•			
<ul><li>3 Subtract line 2e from line 1</li><li>4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:</li></ul>			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.			
Part XII   Reconciliation of Expenses per Audited Financial S	tatements With Exper	ses per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
<b>b</b> Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1			
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; I	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.		
DADM IT IIND E.			
PART II, LINE 5:			
CDOMONI CONCEDUAMION MOLICM HAC A MOLIMMEN I	OULTON DECYDDIN	C MUE MONTMODING	1
GROTON CONSERVATION TRUST HAS A WRITTEN I	OLICI KEGARDIN	G THE MONTTORING	1
AND ENFORCEMENT OF EASEMENTS.			
AND ENFORCEMENT OF EASEMENTS:			
PART II, LINE 9:			
IIIII II, DIND J.			
CONSERVATION EASEMENTS ARE REPORTED AT \$0	) VALUE ON THE	FINANCIALS IN	
CONDUCTION DISCHARGE THE RELOCATED THE VO	VILLOL ON THE	I IIIIIIICIIIID III	
ACCORDANCE WITH GCT'S POLICY; THE TRUST S	SETS ASIDE \$3.5	00 PER EASEMENT	AS
industrial with our product, the industrial	7215 115151 4075	0 1 111 1110 111111	
BOARD RESTRICTED FUNDS TO COVER POTENTIAL	FUTURE LEGAL	COSTS NEEDED TO	
DEFEND EASEMENTS.			
-			
PART V, LINE 4:			
PERMANENT ENDOWMENT INVESTMENT EARNINGS A	ARE AVAILABLE F	OR OPERATING	

# **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GROTON CONSERVATION TRIIST

**Employer identification number** 04-6169832

GROTON CONDERVATION TROOT
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LANDS, CONSERVATION EDUCATION
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS COMPLETED BY THE CPA FIRM IN CONJUNCTION WITH THE TREASURER WHO
REVIEWS THE COMPLETED 990 PRIOR TO FILING. THE BOARD IS NOTIFIED THE 990
IS COMPLETE AND MAY OBTAIN A COPY UPON REQUEST.
FORM 990, PART VI, SECTION B, LINE 12C:
A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS DISTRIBUTED TO EACH TRUSTEE
AND OFFICER TO BE COMPLETED. COMPLETED FORMS ARE REVIEWED BY THE BOARD AND
APPROPRIATE ACTION TAKEN AS NEEDED.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XII, LINE 2C:
NO CHANGE FROM PRIOR YEAR.