Return of Organization Exempt From Income Tax

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

2024 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For the	2024 ca	alendar year, or tax year beginning	07/01/24	, and ending	06/30/2	5		
В	Check if ap	oplicable:	C Name of organization					D Employer	identification number
	Address cl	hange	GREAT PON	ID MOUNTAI	IN CONSERVA	TION TR			
	Name cha	nge	Doing business as						488464
		·	Number and street (or P.O. box if mail is not delive	ered to street addres	ss)		Room/suite	E Telephone	
	Initial retur		P O BOX 338					207-	469-6929
	Final return terminated		City or town, state or province, country, and ZIP o						
	Amended	return	BUCKSPORT	ME 0441	5			G Gross rece	eipts\$ 2,193,001
			F Name and address of principal officer:				H(a) Is this a grou	up return for si	ubordinates? Yes X No
	Application	n penaing	CARL DERIAN				_		
			P O BOX 338				H(b) Are all subc		
			BUCKSPORT	ME	04416		If "No,"	attach a list.	See instructions
<u> </u>	Tax-exem			insert no.)	4947(a)(1) or	527			
J	Website:	W	WW.GREATPONDTRUST.OF	RG			H(c) Group exen		
		rganization:		Other		L Ye	ar of formation: 1	993	M State of legal domicile: ME
	art I		ummary						
	1 E	-	scribe the organization's mission or most s	-					
ഉ			ERVING LAND, WATER AND W	ILDLIFE H	ABITAT FOR	THE COMM	UNITIES O)F	
au		NORT	HWEST HANCOCK COUNTY.						
& Governance			· · · · · · · · · <u>· · · ·</u> · · · · · ·						
ઠ્ઠ		Check thi							
æ	3 N	Number o	of voting members of the governing body (I	Part VI, line 1a)				. 3	13
es	4 N	Number o	of independent voting members of the gove	erning body (Par	t VI, line 1b)			4	13
Activities	5 T	otal num	nber of individuals employed in calendar ye	ear 2024 (Part V	, line 2a)			. 5	6
Act	6 T	otal num	nber of volunteers (estimate if necessary)					. 6	60
_	7a T	otal unre	elated business revenue from Part VIII, col	umn (C), line 12	2			7a	0
	b١	let unrela	ated business taxable income from Form 9	90-T, Part I, line	ə 11			. 7b	0
							Prior Yea		Current Year
<u>a</u>	8 (Contribut	ions and grants (Part VIII, line 1h)				1,112		416,485
an S		•						3,768	3,045
Revenue	10 li	nvestmei	nt income (Part VIII, column (A), lines 3, 4	, and 7d)				7,281	104,674
ш	11 (Other rev	renue (Part VIII, column (A), lines 5, 6d, 8d	, 9c, 10c, and 1	1e)			2,038	1,732
	12 T	otal reve	enue – add lines 8 through 11 (must equal	Part VIII, colum	n (A), line 12)		1,155	5,680	525,936
	13 (Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)					0
			paid to or for members (Part IX, column (A						0
S	15 S		other compensation, employee benefits (P				177	7,231	206,285
Expenses	16a F	Professio	onal fundraising fees (Part IX, column (A),	line 11e)					0
ě	b T	otal fund	draising expenses (Part IX, column (D), lin	e 25)	57,2	237			
Ш	17 (Other exp	penses (Part IX, column (A), lines 11a-11d	d, 11f–24e)		L		L,913	243,643
	18 T	otal exp	enses. Add lines 13-17 (must equal Part I	X, column (A), li	ine 25)			9,144	449,928
	19 F		less expenses. Subtract line 18 from line		· · · · · · · · · · · · · · · · · · ·			5,536	76,008
200	3						Beginning of Curr		End of Year
sets	20 T		ets (Part X, line 16)				8,667		8,845,284
Net Assets or	21 T		ilities (Part X, line 26)					0,557	9,316
			ts or fund balances. Subtract line 21 from	ine 20			8,656	5,747	8,835,968
	art II		gnature Block						
			perjury, I declare that I have examined this ret					•	wledge and belief, it is
tri	ue, corre	ci, and co i	omplete. Declaration of preparer (other than of	nicer) is based on	i all information of w	nich preparer nas	s any knowledge.		
Się		_	e of officer					Date	
He	re	-	LY HAWKINS		TRE	ASURER			
			print name and title						
		Preparer's	s name	Preparer's signa	ature		Date	Check	if PTIN
Pai		CHRIST	TOPHER S. HINDS					self-em	
	parer	Firm's na					Fi	rm's EIN	83-0772076
Use	Only		12 STILLWATER		5				_
		Firm's ad	dress BANGOR, ME 0	4401			Ph	hone no.	207-990-4585
1/10	the IDS	2 dicour	e this return with the preparer shown above	o2 Soo inctructio	one				Y Voc No

including grants of \$

280,582

) (Revenue \$

(Expenses \$

Total program service expenses

0000000			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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	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)		Х	
_	election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	Λ	
5	acceptants on similar answers as defined in Day Dres 00 100 K IV/as II appealate Calculula O. Dart III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Vos." campleto Schodulo 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 "Yes,"</i>			
	complete Schedule D, Part III	8		X
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	446		v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		Λ
u	1 P 1 V II 100 V IV II 11 O 1 1 1 P P 1 IV	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
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			v
40	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	16		х
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		Λ
17	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 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			† - -
-	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

<u> </u>	art IV: Checklist of Required Schedules (continued)						
20	Did the exemptation report more than \$5,000 of exemts as other conjectures to by fax democific individuals as					Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals or	1			22		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the						
23	organization's current and former officers, directors, trustees, key employees, and highest compensated						
	ampleyees 2 If "Ves." complete Schodule I				23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than						
14	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 2	24h					
	through 24d and complete Schedule K. If "No," go to line 25a				24a		Х
b	Did the executation in set on averaged of tay execut bands beyond a temperary paried execution?				046		
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?				24c		
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 b						
	transporting with a discussified page of divide the years of 60Ver. " a complete Calculut I. Dout I				25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pr						
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E						
	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 curr	ent					
	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	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, k	ev					
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	•					
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these						
	persons? If "Yes," complete Schedule L, Part III				27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedul	 е					
	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?	f			6000000		
	"Yes," complete Schedule L, Part IV				28a	X	
b	A facility and the start in the				001-		X
С	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 noncash contributions? If "Yes," complete Schedule M						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		 I				X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	,					
-	complete Schedule N, Part II				32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulation	ns					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I				33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III						
	and Card David View of				34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?						X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a						
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2				35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable						
••	related arganization 2 If "Voc." complete Schodule B. Bart V. line 2				36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization.						
•.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	1//			37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b a						
55	19? Note: All Form 990 filers are required to complete Schedule O.				38	х	
P:	art V Statements Regarding Other IRS Filings and Tax Compliance						
333555	Check if Schedule O contains a response or note to any line in this Part	/					
	Chook in Confedence C contains a responde of flote to diffy fine in tills I diff					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	-	14	30000000		
b	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	1b		0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			-			
·	reportable gaming (gambling) with backup withhoung fules for reportable payments to vendors and				2222222	1404000000	pocostick

22 Enter the number of employees reported on Form W-3. Transmitted of Wage and Tax Statements, filed for the calendary spare ending with on within the year converted by this return 2	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continue)	nued)	l .		Yes	No
b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 22 X 32 If the organization have unrelated business gross incinence of \$1,000 or more during the year? 33 If the organization have unrelated business gross incinence of \$1,000 or more during the year? 34 A ray yrims dring the calendary and of the organization have an interest in or a signature on other suthority over, a filteracial account in a torogin country (such as a bank account, securities account, or other financial account)? 35 If Yes, "enter the insure of the foorganization have an interest in or a signature on other suthority over, a filteracial account in a torogin country (such as a bank account, securities account, or other financial account)? 36 If Yes, "enter the insure of the foorganization that was not a party to a prohibited tax shelter transaction? 37 If Yes, the organization are provided to the shelter fransaction along the first provided tax shelter transaction? 38 If Yes, and the organization have an interest gross expects that it was or is a party to a prohibited tax shelter transaction? 38 If Yes, and the organization have an interest gross expects that a so many greater than \$100,000, and did the organization shelt any contributions that was or is a party to a prohibited tax shelter transaction? 39 If Yes, and the organization have an interest or the deductible as charitable contributions? 30 If Yes, and the organization have the organization and proves statement that such contributions or grist was even to tax deductible? 30 If Yes, if or the organization network with even year official contributions and even the provided prov	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			000000000 000000000		
38 Dit the cognization have unrelated business gross income of \$1,000 or more during the year? 49 If Year, "Insert field a Form 980-17 for the year of "Year" have a replanation on Schedule O 49 Alary time during the calendary year, did the organization have an interest in, or a signature or other authority cover, a fiminal to account in a foreign country (such as a bank account, securities account, or other fiminals account in a foreign country (such as a bank account, securities account, or other fiminals account in a foreign country (such as a bank account, securities account, or other fiminals account in a foreign country (such as a bank account, securities account, or other fiminals account in such accounts (FBAR). 50 If Yea's finite in Security (such as a bank account, securities account, or other fiminals and in the such accounts (FBAR). 51 If Yea's finite in Security (such accounts) (such as a bank account in securities account or other such accounts). 51 If Yea's finite in Security (such accounts) (such accounts) (such accounts) (such accounts). 52 If Yea's finite or genization in the water of the security (such accounts) (such accounts). 53 If Yea's finite or genization include with every solicitation an oppress statement that such contributions or gifts were not tate deductible. 54 If Yea's finite or genization include with every solicitation an oppress statement that such contributions or gifts were not tate deductible. 55 If Yea's finite or genization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 55 If Yea's finite organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 56 If Yea's finite experiment in excess of \$75 made party as a contribution of application accounts and contribution of accounts of the value of the sources of solicities and the security of the		Statements, filed for the calendar year ending with or within the year covered by this return	2a	6			
b II "Ves." This II filed a Form 990-T for this year? If "Wo" to line 3b, provide an explanation on Schedule O 5	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
44 A Party time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a frosting routing (such as a bank account, securities account, or other financial account)? 55 Was the organization aparty to a prohibited tax shelter transaction? 56 I was the organization aparty to a prohibited tax shelter transaction? 57 Was the organization aparty to a prohibited tax shelter transaction? 58 I was the organization aparty to a prohibited tax shelter transaction? 59 I was the organization aparty to a prohibited tax shelter transaction? 50 I was the organization thave amoust gross receipts that are normally greater than \$100.000, and did the organization file from the are many approximation aparty to a prohibited tax shelter transaction? 50 I was the organization and thave amoust gross receipts that are normally greater than \$100.000, and did the organization and open solic any contributions that were not acclustication? 50 I was the organization and thave amoust gross receipts that are normally greater than \$100.000, and did the organization and open solic any contributions that were not acclustication? 50 I was that the organization include with every solicitation an oppress statement that such contributions or gifts were not tax deductible? 50 I was the organization shall apprent the socies of \$75 made partly as a contribution and partly for goods and services provided to the payor? 51 I was in a was a services provided? 52 I was a service provided to the payor? 53 I was a services provided to the payor? 54 I was a service provided to the payor? 55 I was a service provided to the payor? 56 I was a service provided to the payor? 57 I was a service provided to the payor? 58 I was a service provided to the payor? 59 I was a service provided to the payor? 50 If the organization service and contangle, or otherwise dispose of targible personal property to which it was a service of the payor and the payor and the payor and the payo	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
a financial account in a foreign country (such as a bank account; securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization aperly to a prohibited tax shallest transaction at any time during the lax year? 5a	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		
b If "Yes," client the name of the foreign country See instructions for filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax sheller transaction? 55	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	ity ove	er,			
see instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). b Was the organization approxy to a prohibibited such beliefs transaction at any time during the tax year? 50 Was the organization and provide that it was or is a party to a prohibited tax shelter transaction? 50 Dece the organization required and provided that were not tax deductable as charitable contributions? 50 Dece the organization and provided with every solicitation an express statement that such contributions or gifts were not tax deductable? 50 If "Yes," of the organization roceive a payment in access of \$75 made party as a contribution and party for goods and services provided to the payor? 51 Organization stath may receive deductible contributions under section 170(c). 52 Did the organization roceive apayment in access of \$75 made party as a contribution and party for goods and services provided to the payor? 53 A X 54 If "Yes," indicate the number of Forms 8282 filed during the year required to the Form 8282? 55 Organization and the Form 8282? 56 Did the organization under your floating the year pay premiums on a personal benefit contract? 57 A X 58 If the organization under your floating the year pay premiums on a personal benefit contract? 58 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised funds. Did a donor advised funds. 59 Sponsoring organizations maintaining donor advised funds. Did a donor advised funds were provided forms the payor pay promiums on a personal benefit contract? 59 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised funds. 50 Life the payors or payor by the payor payor by the payor payor by the		a financial account in a foreign country (such as a bank account, securities account, or other financial account	ount)?		4a		X
58 Ms the organization a party to a prohibited tax shelter transaction at any time during the tax year? 59 Did any broadble party notify the organization that lives or is a party to a prohibited tax shelter transaction? 50 If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 61 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization social cary contributions that were not tax deducibles organization social cary contributions that were not tax deducibles organization tracts adeducibles. 62 Programizations that may receive deducible contributions under section 170(c). 63 Did the organization receives a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 64 Did the organization receives a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 70 Did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to like Form 8282? 65 Did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to like Form 8282? filed during the year 66 Did the organization under the year, pay premiume, directly or indirectly, to pay premiums on a personal benefit contract? 76 Did the organization under year, pay premiums, directly or indirectly, to ape promiums on a personal benefit contract? 77 Did to great the organization of care, boats, anylenes, or other vehicles, did the organization file Form 8893 as required? 77 Did to great the organization of care, boats, anylenes, or other vehicles, did the organization file a Form 1088-C? 78 Sponsoring organization have excess business holdings at any time during the year? 89 Sponsoring organization have excess business holdings at any time during the year? 99 Sponsoring organization have excess business holdings at any time during the year? 90 Section 501(c)(12) organizations. Enter:	b	If "Yes," enter the name of the foreign country					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 6 If "Yes" of the So or Sb, did the organization file Form 8886 TP 5 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes", did the organization cloude with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made parity as a contribution and party for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made parity as a contribution and party for goods and services provided to the payor? 7 Did the organization sell, exchange, or otherwise dispose of langible personal property for which it was required to file Form 8282? 8 Did the organization receive an contribution of quited lip, to pay preniums on a personal benefit contract? 9 Did the organization received a contribution of quited lip, to pay preniums on a personal benefit contract? 10 Did the organization received a contribution of quited intellectual property, did the organization file Form 899 as required? 11 Did the organization received a contribution of care. boots, airplanes, or other vehicles, did the organization file Form 1986 C? 12 Did the organization received a contribution of care. boots, airplanes, or other vehicles, did the organization file Form 1986 C? 13 Did the sponsoring organization make any taxable distributions under section 4966? 14 Did the sponsoring organization make any taxable distributions under section 4966? 15 Section 501(c)(17) organizations. Enter: 16 In the organization or other excurses. (Do not net amounts due or paid to other source		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	unts (F	FBAR).			
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17 Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	. •						
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000000000000000000000000000000000000000					17		

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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

Sec	tion A. Governing Body and Management				1	
		ı	1 10	000000000	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13	_		
	If there are material differences in voting rights among members of the governing body, or			00000000		
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.		10	00000000		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			00000000		37
	any other officer, director, trustee, or key employee?			. 2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct					•
_	supervision of officers, directors, trustees, or key employees to a management company or other person?			. 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5	37	X
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				37	
	one or more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				37	
_	stockholders, or persons other than the governing body?			. 7b	X	2020202
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	the foll	owing:		v	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					v
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		X
<u> 5ec</u>	etion B. Policies (This Section B requests information about policies not required by the Inte	emai	Revenue	Coae.)	V	
40-	Diddle and in the book had about a book and a second of the second of th			40-	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?			10a		Λ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			106		
11.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b 11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the	orm?		IIa	<u>^</u>	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			100	X	800000000
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to o	COMME	if	120	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			100	х	
12	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	X	
14	Did the process for determining compensation of the following persons include a review and approval by			333333		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
_				15a	X	(0.00000000
a b	Other officers or key ampleyees of the exemization			15a	X	
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			130		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
IUa	with a tayable entity during the year?			16a	100000000	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			100		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		600000000
Sec	etion C. Disclosure	<u> </u>		100		
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	 n 501/				
.5	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	551(0	''			
	X Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest process of the confidence of the confide	olicy				
	and financial statements available to the public during the tax year.	. J.10 y ,				
20	State the name, address, and telephone number of the person who possesses the organization's books and records.					
	ANDON FAKE 77 MAIN ST.					
	VGVGDODE 347		0.0	7 40	0 6	000

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.

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	bo	x, unle	heck ess pe	rson i	than o is both or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) LANDON FAKE										
	40.00									
EXECUTIVE DIRECTOR	0.00	1		X				82,503	0	2,250
(2) CAROL BENNATTI										
	3.00									
DIRECTOR	0.00	X						0	0	0
(3) ISAAC BRAY										
	3.00									
DIRECTOR	0.00	X						0	0	0

0.00 X 0 0 0 DIRECTOR (10) LAUREL LOCKETT 3.00 0.00 X 0 0 DIRECTOR (11) JACK MACBRAYNE 4.00

3.00

0.00

X

Form **990** (2024)

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CO-VICE PRESIDENT

(4) CARL DERIAN

(4) Figure 1 Figur	Part VII Section A. Officers	, Directors, Trus	stees	s, Ke	y Er	nplo	yees	s, an	nd Highest Compensated E	Employees (continued)	
Part		Average	bo	x, unle	Pos check ess pe	sition more erson	is both	n an	Reportable	Reportable	Estimated amount
1		per week (list any hours for related organizations below dotted line)	Individua or directo						from the organization (W-2/ 1099-MISC/	from related organizations (W-2/ 1099-MISC/	compensation from the organization and
DIRECTOR	• •										
(13) LEAH PAGE (13) 3 .00 DIRECTOR (FMR) 0 .00 X	· · · · · · · · · · · · · · · · · · ·		x						0	0	0
DIRECTOR (14) ANNA PERNA (14) ANNA PERNA (15) LAM RIORDAN (15) I.AM RIORDAN (15) I.AM RIORDAN (16) 3.00 DIRECTOR (17) SURT SILBERSTEIN (17) 4.00 SECRETARY (18) 3.00 DIRECTOR (19) 3.00 DIRECTOR (10) W W O O O O O O O O O O O O O O O O O	(13) LEAH PAGE										-
(14) ANNA PERNA (15)	· · · · · · · · · · · · · · · · · · ·		x						0	0	0
CO-VICE PRESIDENT 0.00 X X X 0 0 0 0 0 0 0 0 1 15 LIAM RIORDAN (15) 3.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1 0.00									
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(15) 3 .00		0.00	X		X				0	0	0
Compensation Comp	• •	3.00									
(15) 3.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	· · · · · · · · · · · · · · · · · · ·		X						0	0	0
DIRECTOR 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	• •										
(17) KURT SILBERSTEIN (17) 4.00 SECRETARY 0.00 X X X 0 0 0 0 DIFFECTOR 0.00 X X 0 0 0 0 0 DIFFECTOR 0.00 X 0 0 0 0 0 0 0 (19) 1b Subtotal	· · · · · · · · · · · · · · · · · · ·										•
(17)	-		X						0	U	U
SECRETARY 0,00 X X 0 0 0	• •										
(19) 1b Subtotal			X		X				0	0	0
DIRECTOR 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	• •										
the Subtotal			·						0	0	0
to total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization of the organization of the organization of the organization and other compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who	DIRECTOR	0.00	Λ						0	0	0
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 Did any person listed to the organization? If "Yes," complete Schedule J for such person. 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who	(19)										
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual To rany individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Total number of independent contractors (including but not limited to those listed above) who	1b Subtotal								82,503		2,250
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No		•									
reportable compensation from the organization 3	d Total (add lines 1b and 1c)										2,250
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who			nited		ose I	istec	d abo	ve) v	who received more than \$100	0,000 of	
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who	· · · · · · · · · · · · · · · · · · ·		ctor,	trust	ee, k	ey eı	mploy	yee,	or highest compensated		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who	4 For any individual listed on line	1a, is the sum of	repo	ortabl	e co	mpe	nsatio	on a	nd other compensation from		
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who	5 Did any person listed on line 1a	a receive or accru	e cor	mper	nsatio	on fr	om a	ny u	nrelated organization or indiv		
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who	,	,	o, oc	<i>,,,,</i> ,,,,		70110	aaio (<i>3</i> 101	- Cach porcen		
2 Total number of independent contractors (including but not limited to those listed above) who	compensation from the organiz	ation. Report com							year ending with or within th	e organization's tax year.	
2 Total number of independent contractors (including but not limited to those listed above) who	Name and	(A) d business address							Descrip	(B) tion of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who											
Total number of independent contractors (including but not limited to those listed above) who											
Total number of independent contractors (including but not limited to those listed above) who											
Total number of independent contractors (including but not limited to those listed above) who											
Total number of independent contractors (including but not limited to those listed above) who								+			
	2 Total number of independent co	ontractors (includ	ling b	out no	ot lim	nited	to the	ose l	listed above) who		

Form 990 (2024	GREAT	POND	MOUNTAIN	CONSERVA	TION TR	01-0400404		Pag
Part VIII	Statement							
	Check if S	chedule	O contains a r	esponse or not	e to any line	\mathbf{e} in this Part VIII \dots		
					(A)	(B)	(C)	_ (D)
					Total revenu	Related or exempt function revenue	Unrelated business revenue	from tax under sections 512-514

								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts, Its	1a	Federated campa	aigns		1a						
ìrar oun	b	Membership due	s		1b						
s, G Am	С	Fundraising even	its		1c						
Gift Iar ,	d	Related organiza	tions		1d						
JS, (Government grants (co			1e	121	L,552				
Contributions, Gifts, Grants, and Other Similar Amounts	t	All other contributions, and similar amounts no			1f	294	1,933				
trib	g	Noncash contributions			1q	¢	7,541				
Son	h	Ines 1a-1f Total. Add lines						416,485			
<u> </u>		Total. Add lines	1α 11				ness Code	120,100			
•	2a	WILDLANDS	SUMMI	T RUN		Daoii	1000 0000	3,045	3,045	***********	***************
Z Zi	b	*						,	,		
Program Service Revenue	С										
ran Reve	d										
rog	е										
_	f	All other program	servi	ce revenue							
	g	Total. Add lines						3,045	·		T
	3	Investment incon	`	luding dividends,	, intere	st, and		40.004			
	_	other similar amo						69,384			69,384
	4	Income from inve			1-						
	5	Royalties		(i) Real		(ii) Person					
	6a	Gross rents	6a	(i) heai		(II) Ferson	aı				
	b	Less: rental expenses	6b								
	-	Rental inc. or (loss)	6c								
				oss)					******************************	**********	***********************
		Gross amount from		(i) Securities		(ii) Other					
		sales of assets other than inventory	7a	1,700,	, 767						
Р	b	Less: cost or other									
en.		basis and sales exps.	7b	1,665,	, 477						
Re	C	Gain or (loss)	7c	35,	, 290						
Other Revenue		Net gain or (loss)			<u> </u>			35,290			35,290
ō	8a	Gross income from	fundra	ising events							
		of contributions rep		on line	0-						
	h	1c). See Part IV, lir Less: direct expe			8a 8b						
		Net income or (lo		m fundraising e							
		Gross income from		_	Citto .						
		activities. See Pa	-	-	9a						
	b	Less: direct expe			9b						
	С	Net income or (lo	ss) fro	om gaming activit	ies						
	10a	Gross sales of in	ventor	y, less							
		returns and allow			10a		392				
		Less: cost of goo			10b		L,588				
	С	Net income or (lo	ss) fro	om sales of inven	tory			-1,196	000000000000000000000000000000000000000		-1,196
ns						Busir	ness Code	0.000			0.000
Miscellaneous Revenue	11a	MISCELLENO	US IN	ICOME				2,928			2,928
ella	b										
İsc	d	All other revenue									
Σ		Total. Add lines				·		2,928			
		Total revenue.						525,936	3,045	0	106,406

Part IX Statement of Functional Expenses

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

Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations			3	
	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,	05.000	07.044	22 222	0.6.000
	trustees, and key employees	85,280	27,244	32,033	26,003
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	10E CE1	71 007	20 401	12 262
	Other salaries and wages	105,651	71,987	20,401	13,263
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	15,354	7,300	4,965	3,089
10 11	Payroll taxes Fees for services (nonemployees):	13,334	7,500	4, 703	3,003
	` ' ' '				
	Management				
c	LegalAccounting	11,020		11,020	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees	18,650		18,650	
	Other. (If line 11g amount exceeds 10% of line 25, column	,		,	
-	(A), amount, list line 11g expenses on Schedule O.)	17,872	16,032	1,840	
	Advertising and promotion	568	·	·	568
	Office expenses	20,000	3,064	7,068	9,868
14	Information technology				
	Royalties				
	Occupancy	5,825		5,825	
	Travel	2,936	2,797	139	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest	143	143		
21	Payments to affiliates	00.000	22.222		
	Depreciation, depletion, and amortization	29,029	29,029	4 601	
23	Insurance	11,749	7,128	4,621	
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	ine 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)	46,788	46,788		
a	FORESTRY MANAGEMENT	33,163	33,163		
n	LAND MGMT & REPAIRS RE & FORESTRY TAXES	15,628	15,628		
d	CONSERVATION PROJECTS	14,588	14,588		
-		15,684	5,691	5,547	4,446
25	All other expenses Total functional expenses. Add lines 1 through 24e	449,928	280,582	112,109	57,237
	Joint costs. Complete this line only if the	, 523	_50,552		3.,237
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

		Check if Schedule O contains a response or note	to any line in tr	IIS PAR A	(A)	· · · · · · · · · · · · · · · · · · ·	(B)
					(A) Beginning of year		End of year
	1	Cash—non-interest-bearing			352	1	601
	2				286,764	2	178,066
		Savings and temporary cash investments			200,704	3	170,000
	3	Pledges and grants receivable, net				4	
	4	Accounts receivable, net Loans and other receivables from any current or former of				4	
	5			1000			
		trustee, key employee, creator or founder, substantial co- controlled entity or family member of any of these person		% ∷		-	
	6					5	
	0	Loans and other receivables from other disqualified personal described in accordance (ACEQ(E)(1)), and personal described in accordance (ACEQ(E)(1)), and personal described in accordance (ACEQ(E)(1)).				•	
Assets	_	under section 4958(f)(1)), and persons described in sect				6 7	
Ass	7	Notes and loans receivable, net					
_	8	Inventories for sale or use				8	
	9					9	
	10a	Land, buildings, and equipment: cost or other		606 710			
	١.	basis. Complete Part VI of Schedule D	10a	606,718 155,538	420 252		4E1 100
		Less: accumulated depreciation	100		430,353 2,382,445		451,180
	11	Investments—publicly traded securities			2,382,445		2,561,612
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets			F F C 7 200	14	F (F) 00F
	15	Other assets. See Part IV, line 11			5,567,390	15	5,653,825
	16	Total assets. Add lines 1 through 15 (must equal line 33			8,667,304	16	8,845,284
	17	Accounts payable and accrued expenses			10,557	17	9,316
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of				21	
es	22	Loans and other payables to any current or former officer					
Liabilities		trustee, key employee, creator or founder, substantial con		%			
jab		controlled entity or family member of any of these person				22	
_	23	Secured mortgages and notes payable to unrelated third				23	
	24	Unsecured notes and loans payable to unrelated third pa				24	
	25	Other liabilities (including federal income tax, payables to					
		parties, and other liabilities not included on lines 17-24).	Complete Part	X			
		of Schedule D			10 555	25	0 01 0
	26	Total liabilities. Add lines 17 through 25			10,557	26	9,316
		Organizations that follow FASB ASC 958, check her	e X				
ces		and complete lines 27, 28, 32, and 33.		**	-		- 040 F10
a	27				7,679,812 976,935	27	7,949,518
Ва	28	Net assets with donor restrictions	· · · · · · · · · · · · · · · · · · ·	1	976,935	28	886,450
pur		Organizations that do not follow FASB ASC 958, che	eck here]			
Ĭ.		and complete lines 29 through 33.		**			
Net Assets or Fund Balances	29					29	
set	30	Paid-in or capital surplus, or land, building, or equipment				30	
As	31	Retained earnings, endowment, accumulated income, or	other funds \dots		0.654.55	31	0.00= 0.00
Net	32				8,656,747	32	8,835,968
	33	Total liabilities and net assets/fund balances			8,667,304	33	8,845,284

Form	990 (2024) GREAT POND MOUNTAIN CONSERVATION TR 01-0488464		Page 12
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	525,936
2	Total expenses (must equal Part IX, column (A), line 25)	2	449,928
3	Revenue less expenses. Subtract line 2 from line 1	3	76,008
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,656,747
5	Net unrealized gains (losses) on investments	5	103,213
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	32, column (B))	10	8,835,968
Pa	rt XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		
			Yes No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on		
	Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		
	reviewed on a separate basis, consolidated basis, or both.		
	X 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 Donsolidated 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		
	Schedule O.		
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 audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b

Form **990** (2024)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

 $\label{lem:complete} \textbf{Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.}$

Attach to Form 990 or Form 990-EZ.

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

GREAT POND MOUNTAIN CONSERVATION TR

2024

01-0488464

Open to Public Inspection

Name of the organization

Employer identification number

Pi	irt l	Reas	on for Public Charity	Status. (All organizations	s must (complet	e this part.) See instruct	ons.
he	orgai	nization is not a	a private foundation because i	t is: (For lines 1 through 12, chec	k only one	e box.)		
1		A church, cor	nvention of churches, or asso	ciation of churches described in s	section 17	70(b)(1)(<i>A</i>	A)(i).	
2		A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 9	90).)			
3		A hospital or a	a cooperative hospital service	organization described in section	n 170(b)(1)(A)(iii).		
4		-		n conjunction with a hospital desc			70(b)(1)(A)(iii). Enter the hospita	al's name,
		city, and state	e:	,				
5		An organization	on operated for the benefit of	a college or university owned or o	perated b	v a govern	mental unit described in	
		_	b)(1)(A)(iv). (Complete Part I			, 9 -		
6				rernmental unit described in secti	on 170(b)(1)(A)(v)		
7	X	An organization		bstantial part of its support from a				
8				'0(b)(1)(A)(vi). (Complete Part II.)			
9	П	-		ribed in section 170(b)(1)(A)(ix)		n coniunc	tion with a land-grant college	
		-	_	agriculture (see instructions). Ent				
10		receipts from support from	activities related to its exemp gross investment income and	nore than 33 1/3% of its support than 33 1/3% of its support the trunctions, subject to certain exculurated business taxable incort 1975. See section 509(a)(2). (C	eptions; a ne (less s	nd (2) no ection 51	more than 33 1/3% of its	
11			•	clusively to test for public safety.		,	\(\lambda\)	
	Н	-	= -					
12	Ш	one or more p	publicly supported organization	clusively for the benefit of, to perfine described in section 509(a)(1) ribes the type of supporting organ) or sectio	on 509(a)	(2). See section 509(a)(3). Che	
	а							
	b	control or	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.					
	С	its suppor	rted organization(s) (see instr	upporting organization operated in uctions). You must complete P a	art IV, Se	ctions A,	D, and E.	
	d			. A supporting organization opera				
				organization generally must satisf	-			
	_			ust complete Part IV, Sections				
	е			ved a written determination from t functionally integrated supporting			ype i, Type ii, Type iii	
	f		nber of supported organization		3			
	g		ollowing information about the					
(i	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	org	ganization		(described on lines 1–10	-	ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
:								
(D)								
								
(E)								
					300000000000000000000000000000000000000	0000000000		
ota	l							

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					,	
Caler	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	915,795	782,550	1,365,278	1,112,593	416,485	4,592,701
2	Tax revenues levied for the organization'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	915,795	782,550	1,365,278	1,112,593	416,485	4,592,701
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)						638,493
6	Public support. Subtract line 5 from line 4						3,954,208
	tion B. Total Support	T					
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	915,795	782,550	1,365,278	1,112,593	416,485	4,592,701
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	13,317	13,800	27,150	41,526	69,384	165,177
9	Net income from unrelated business activities, whether or not the business is regularly carried on				1,399		1,399
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7	96		639	2,928	3,670
11	Total support. Add lines 7 through 10						4,762,947
12	Gross receipts from related activities, etc. (s	see instructions)				12	19,602
13	First 5 years. If the Form 990 is for the org	anization's first, sec	ond, third, fourth, o	r fifth tax year as a	section 501(c)(3)		
	organization, check this box and stop here						
Sec	tion C. Computation of Public S						
14	Public support percentage for 2024 (line 6,	column (f), divided b	y line 11, column (f))		14	83.02%
15	Public support percentage from 2023 Scheo	dule A, Part II, line 1	4			15	82.90%
16a	33 1/3% support test — 2024. If the organi	ization did not check	the box on line 13	, and line 14 is 33 1	/3% or more, check	k this	-
	box and stop here. The organization qualified		-				X
b	33 1/3% support test — 2023. If the organi	ization did not check	a box on line 13 or	r 16a, and line 15 is	33 1/3% or more,	check	
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test — 202					is	
	10% or more, and if the organization meets			-	· ·		
	Part VI how the organization meets the facts organization						
b	10%-facts-and-circumstances test — 202	•					
	15 is 10% or more, and if the organization m				-		
	in Part VI how the organization meets the fa organization		-	•			
18	Private foundation. If the organization did	not check a box on l	ine 13, 16a, 16b, 1	7a, or 17b, check th	nis box and see		
	instructions						

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	tion A. Public Support			7.1	,	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees				, ,		
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 organization'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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						001
8	Public support. (Subtract line 7c from						8
<u></u>	line 6.)						<u> </u>
Sec	tion B. Total Support ndar year (or fiscal year beginning in)	(=) 0000	(h) 0001	(a) 0000	(4) 0000	(=) 0004	(f) Tatal
		(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the org	anization's first, se	cond, third, fourth.	or fifth tax year as a	section 501(c)(3)	ı	
	organization, check this box and stop here			•	. , . ,		
Sec	tion C. Computation of Public S						
15	Public support percentage for 2024 (line 8,	column (f), divided	by line 13, column	(f))		15	%
16	Public support percentage from 2023 Sche	dule A, Part III, line	15			16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2024 (lin	e 10c, column (f), d	divided by line 13, c	olumn (f))		17	%
18	Investment income percentage from 2023	Schedule A, Part I	II, line 17			18	%
19a	33 1/3% support tests — 2024. If the orga	nization did not che	eck the box on line	14, and line 15 is m	ore than 33 1/3%, a	and line	
	17 is not more than 33 1/3%, check this box	-	-				
b	33 1/3% support tests — 2023. If the orga						
	line 18 is not more than 33 1/3%, check this		-				
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box ar	nd see instructions		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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		
	00000000000	0000000000000
2		
	3333333333	
3a		
	3555555555	3555555555
	00000000000	1000000000000
3b		
	566666666666	0000000000000
3c		
4a		
4b		
	000000000000	95959595555
4c		
5a		
	000000000000000000000000000000000000000	00000000000000
5b		
5c		

6		
0000000	500000000000	000000000000
(66666666	1606060606060	
7		
000000000		000000000000000000000000000000000000000
8		
9a		
	200000000000000000000000000000000000000	
9b		
	00-00-000000000	P000000000000
9с		
10a	99999999	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
 10b		

Schedu	ule A (Form 990) 2024 GREAT POND MOUNTAIN CONSERVATION TR 01-048846	4		Page 5
Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations			•
	, <u> </u>		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	0000000000000	10000000000000
2	Did the organization operate for the benefit of any supported organization other than the supported	00000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			1
	ion of Type in cupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustocs during the tay year also a majority of the directors		1 62	INU
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	4		
Secti	the supported organization(s). ion D. All Type III Supporting Organizations	l I		
Ject	ion D. An Type in Supporting Organizations		Vac	NI-
4	Did the experiencian provide to each of its supported experientians, but he last day of the fifth weight of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	0000000000	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2	0000000000	1000000000
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			
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b c	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instruction</i>	s).		
Ü	3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	- <i>)</i> .	Yes	No
2	Activities Test. Answer lines 2a and 2b below.			
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 each of its supported organizations, and how the organization determined	2a	100000000000000000000000000000000000000	900000000000000000000000000000000000000
	that these activities constituted substantially all of its activities.	∠d 	(00000000000000000000000000000000000000	100000000000000000000000000000000000000
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	2b		
	have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below</i> .			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	•		906066666666
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	0000000000	10000000000
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Suppo	orting Organiza	tions	101 rage (
1 Check here if the organization satisfied the Integral Part Test as a qualifying true	ust on Nov. 20, 1970	(explain in Part VI). See	
instructions. All other Type III non-functionally integrated supporting organiza	tions must complete S	Sections A through E.	
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	000000000000000000000000000000000000000		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors	000000000		
(explain in detail in Part VI):	000000000		
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally in	tegrated Type III supr	porting organization	

Schedule A (Form 990) 2024

(see instructions).

7000000000	ule A (Form 990) 2024 GREAT POND MOUNTA				164 Page
Par	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	ations (continued	1)	
Sect	ion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	es		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of	of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of support	ted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide detail	ils in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization	on is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	s	Distributable
			Pre-2024		Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024				
	(reasonable cause required–explain in Part VI). See				
	instructions.			3000000	
3_	Excess distributions carryover, if any, to 2024				
	From 2019				
b	From 2020				
	From 2021				
	From 2022				
e	From 2023				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2024 distributable amount				
i	Carryover from 2019 not applied (see instructions)				
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2024 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
	and 4c.	000000000000000000000000000000000000000			
8	Breakdown of line 7:				
	Excess from 2020				
	Excess from 2021				
C	Excess from 2022				

Schedule A (Form 990) 2024

d Excess from 2023 e Excess from 2024

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)										
	PART II, LINE 10 - OTHER INCOME DETAIL MISCELLANEOUS \$ 3,670										
·											
·											
·											

Schedule B (Form 990) (Rev. December 2024))

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

GREAT POND MOUNTAIN CONSERVATION TR

01-0488464

Organization type (check one):							
Filers of: Section:							
Form 990 or 990-EZ	$oxed{X}$ 501(c)($oxed{3}$) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	rered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 operty) from any one contributor. Complete Parts I and II. See instructions for determining a outions.						
Special Rules							
regulations under section 16b, and that received f	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or rom any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, during the y literary, or educational p	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year							
must answer "No" on Part IV, lin	n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line ne filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (Rev. 12-2024)

GREAT POND MOUNTAIN CONSERVATION TR

Employer identification number 01-0488464

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1		\$ 92,220	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 96,552	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	Total contributions \$ 12,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
4	Name, address, and ZIP + 4	Total contributions \$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

2024
Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name	e of organization				ication number (EIN)
or	GREAT POND MOUNTAIN			01-04884	
	t I-A Complete if the organization is exen		•		ion.
1	Provide a description of the organization's direct and indirect	political campaign activities in P	art IV. See instruction	ons for	
_	definition of "political campaign activities."			•	
2	Political campaign activity expenditures. See instructions			\$	
3 150	Volunteer hours for political campaign activities. See instructing the Complete if the organization is exen				
<u>ுவ</u> 1				Ф.	
2	Enter the amount of any excise tax incurred by the organization in Enter the amount of any excise tax incurred by organization in	paragore under section 4955		Φ	
3	If the organization incurred a section 4955 tax, did it file Form	4720 for this year?		Ψ	Yes No
4a	Was a correction made?				
	If "Yes," describe in Part IV.				
******	t I-C Complete if the organization is exen	npt under section 501(c	c), except sect	ion 501(c)(3).	
1	Enter the amount directly expended by the filing organization		•	(-)(-)	
	activities			\$	
2	Enter the amount of the filing organization's funds contributed	to other organizations for section	on		
				\$	
3	Total exempt function expenditures. Add lines 1 and 2. Enter				
	line 17b			\$	
4	Did the filing organization file Form 1120-POL for this year?				Yes No
5	Enter the names, addresses, and EINs of all section 527 poli	tical organizations to which the f	iling organization ma	ade payments.	
	For each organization listed, enter the amount paid from the f	iling organization's funds. Also e	enter the amount of p	oolitical	
	contributions received that were promptly and directly delivered	ed to a separate political organiza	ation, such as a sep	arate	
	segregated fund or a political action committee (PAC). If additional action committee (PAC) and action committee (PAC) and action committee (PAC) and action committee (PAC) and action committee (PAC).	tional space is needed, provide	nformation in Part I	<i>I</i> .	_
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				iulius. Il fiorie, effici -o	delivered to a separate
					political organization. If none, enter -0
(4)					ii iione, enter -u
(1)					
<u>/0\</u>					
(2)					
(2)					
(3)					
(4)					
(7)					
(5)					
(-)					
(6)					
/					

P	art II-A	Complete if the organiza	ation is exempt under section 501(c)(3) a	and filed Form 5768 (ele	ection under
		section 501(h)).		`	
Α	Check	if the filing organization b	elongs to an affiliated group (and list in Part IV	each affiliated group memb	per's name, address,
		EIN, expenses, and share	e of excess lobbying expenditures).		
В	Check	if the filing organization of	hecked box A and "limited control" provisions a	pply.	
		Limits on Lobb	ying Expenditures	(a) Filing	(b) Affiliated
		(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals
1:	a Total lobby	ring expenditures to influence public	opinion (grassroots lobbying)	0	
			lative body (direct lobbying)	0	
			1b)		
				110 020	
	e Total exem	pt purpose expenditures (add lines		110 020	
	f Lobbying r	ontaxable amount. Enter the amoun			
	columns.		-	89,986	
	IF the amou	unt on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:		
	not over \$5	00,000	20% of the amount on line 1e.		
	over \$500,0	000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	over \$1,000	0,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	over \$1,500	0,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	over \$17,00	000,000	\$1,000,000.		
	g Grassroots	nontaxable amount (enter 25% of li	ne 1f)	22,497	
	h Subtract lin	ne 1g from line 1a. If zero or less, er	ter -0-	0	
		ne 1f from line 1c. If zero or less, en		0	
	j If there is a	an amount other than zero on either	ine 1h or line 1i, did the organization file Form 4720		
	reporting s	ection 4911 tax for this year?			Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in) (a) 2021 (b) 2022 (c) 2023 (d) 2024 (e) Total								
2a Lobbying nontaxable amount	79,690	78,456	104,372	89,986	352,504			
b Lobbying ceiling amount (150% of line 2a, column (e))					528,756			
c Total lobbying expenditures				0				
d Grassroots nontaxable amount	19,923	19,614	26,093	22,497	88,127			
e Grassroots ceiling amount (150% of line 2d, column (e))					132,191			
f Grassroots lobbying expenditures				0				

Schedule C (Form 990) 2024

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT filed	d Fo	rm 57	68		
		(8	1)		(b)	
	" response on lines 1a through 1i below, provide in Part IV a detailed the lobbying activity.	Yes	No		Amo	unt	
1 During the	year, did the filing organization attempt to influence foreign, national, state, or local	3333333					
legislation	including any attempt to influence public opinion on a legislative matter or	000000000 00000000 00000000					
referendu	n, through the use of:						
a Volunteers	?						
b Paid staff	or management (include compensation in expenses reported on lines 1c through 1i)?			22222222			********
c Media adv							
d Mailings to	members, legislators, or the public?						
e Publication	ns, or published or broadcast statements?						
f Grants to	other organizations for lobbying purposes?						
g Direct con	tact with legislators, their staffs, government officials, or a legislative body?						
i Other acti	monstrations, seminars, conventions, speeches, lectures, or any similar means?						
2a Did the ac	lines 1c through 1i tivities in line 1 cause the organization to not be described in section 501(c)(3)?	60000000	********				
b If "Yes." e	nter the amount of any tax incurred under section 4912	****		00000000	0000000000	20000000	80808000
c If "Yes," e	nter the amount of any tax incurred by organization managers under section 4912	· · · · 000000000000000000000000000000					
	organization incurred a section 4912 tax, did it file Form 4720 for this year?		********				
Part III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	DU I (C)(5)	, or s	sectio	on ——	Yes	No
1 Were sub	stantially all (90% or more) dues received nondeductible by members?				1		
2 Did the or	ganization make only in-house lobbying expenditures of \$2,000 or less?				2		
	ganization agree to carry over lobbying and political campaign activity expenditures from the prior year?				3		
Part III-B	Complete if the organization is exempt under section 501(c)(4), section 5 and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b)					l(c)(6	·)
	answered "Yes."						
	essments, and similar amounts from members		1				
	2(e) nondeductible lobbying and political expenditures (do not include amounts of						
	xpenses for which the section 527(f) tax was paid).						
a Current ye			2a				
b Carryover	from last year		2b				
	amount reported in agetion 6022(a)(1)(A) notices of pendeductible agetion 162(a) dues		2c 3				
	amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		<u>ა</u>				
	es the organization agree to carryover to the reasonable estimate of nondeductible lobbying						
	al armanditura martinaro			:			
-	al expenditures next year? nount of lobbying and political expenditures. See instructions		5				
Part IV	Supplemental Information						
2 (see instruction	riptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part Ins); and Part II-B, line 1. Also, complete this part for any additional information.						

DAA Schedule C (Form 990) 2024

SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number GREAT POND MOUNTAIN CONSERVATION TR 01-0488464 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). **X** Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2 2a **b** Total acreage restricted by conservation easements 112.00 c Number of conservation easements on a certified historic structure included on line 2a d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located 1 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing 700 conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X......

Pa	art III Organizations Maintaini	ng Collections of	Art, Historical T	reasures, or	Other Simila	r Assets	(conti	nuea)
3	Using the organization's acquisition, access collection items (check all that apply).	on, and other records, o	heck any of the following	g that make signif	icant use of its				
а	Public exhibition	d 🗌	Loan or exchange progr	am					
b	Scholarly research	е 🗌	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain ho	w they further the orgar	ization's exempt p	ourpose in Part				
	XIII.								
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						☐ Ye	es	No
Pź	art IV Escrow and Custodial A		oo o.gaao o oo						
0000000	Complete if the organizati 990, Part X, line 21.	•	" on Form 990, Pa	rt IV, line 9, o	r reported an	amount	on Fo	m	
	Is the organization an agent, trustee, custodi	an or other intermediary	for contributions or oth	er assets not					
14	included on Form 990, Part X?						☐ Ye	,	No
h	If "Yes," explain the arrangement in Part XIII	and complete the follow	ing table				□ .,		110
-	ii 100, oxplair iio arangomore ii 1 arviii	and complete the renew	ing table.				Amoun	t	
С	Beginning balance				10	:			
d	Additions during the year				10				
е	Distributions during the year				16				
	Ending balance								
2a	Did the organization include an amount on F	orm 990, Part X, line 21	, for escrow or custodia	I account liability?			Ye	es	No
	If "Yes," explain the arrangement in Part XIII							🗀	
Pá	art V Endowment Funds								
	Complete if the organizati	on answered "Yes	<u>" on Form 990, Pa</u>	rt IV, line 10.					
		(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three ye	ars back	(e) Fou	r years b	ack
	Beginning of year balance	1,302,571	1,080,658			50,413		624,	045
b	Contributions	43,774	240,425	408,0	067	200		1,	360
С	Net investment earnings, gains,								
	and losses	136,638	147,253	100,2	240 -1	24,704		145,	107
	Grants or scholarships								
е	Other expenditures for facilities and	0- 440	4						-
	programs	27,619	155,796	19,4		18,917			315
	Administrative expenses	11,075	9,969		938	7,206			784
_	End of year balance	1,444,289	1,302,571	1,080,	556 5	99,786		750,	413
2	Provide the estimated percentage of the curr	81.85 %	ne 1g, column (a)) neid	as:					
	Board designated or quasi-endowment Permanent endowment 12.50 %								
	Term endowment 5.65 %	D							
٠	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%							
3a	Are there endowment funds not in the posse		that are held and admi	nistered for the					
ou	organization by:	ssion of the organization	Titlat are field and admi	inistered for the				Yes	No
	(i) Unrelated organizations?						3a(i)		X
	(ii) Related organizations?						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	ations listed as required	on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Pá	art VI Land, Buildings, and Eq								
	Complete if the organizati	on answered "Yes	" on Form 990, Pa	rt IV, line 11a	. See Form 99	90, Part	X, line	10.	
	Description of property	(a) Cost or other b			(c) Accumulated		(d) Book		
		(investment)	(othe	r)	depreciation				
1a	Land					00000			
b									
С	Leasehold improvements								
	Equipment			50,733	44,1	28		6,	<u>605</u>
	Other		5!	55.985	111.4	101	4	44.	575

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

	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-of-year market value
I) Financial o	derivatives		
Closely he	ld equity interests		
N OIL			
(C)			
(D)			
(E)			
(F)			
(G)			
/∐\			
	n (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments – Program Related		
	Complete if the organization answered "Yes" of	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 end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9)			
(9) otal. (Colum	n (b) must equal Form 990, Part X, line 13, col. (B))		
(9)	n (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets Complete if the organization answered "Yes" (on Form 990, Part IV,	line 11d. See Form 990, Part X, line 15.
(9) otal. (Colum	Other Assets Complete if the organization answered "Yes" (a) Description	on Form 990, Part IV,	(b) Book value
otal. (Colum. Part IX	Other Assets Complete if the organization answered "Yes" ((a) Description CONSERVATION LAND		(b) Book value 5, 652, 3
(9) otal. (Colum. Part IX (1) (2)	Other Assets Complete if the organization answered "Yes" (a) Description		(b) Book value
(9) otal. (Colum. Part IX (1) (2) (3)	Other Assets Complete if the organization answered "Yes" ((a) Description CONSERVATION LAND		(b) Book value 5, 652, 3
(9) otal. (Column Part IX (1) (2) (3) (4)	Other Assets Complete if the organization answered "Yes" ((a) Description CONSERVATION LAND		(b) Book value 5, 652, 3
(9) otal. (Column Part IX (1) (2) (3) (4)	Other Assets Complete if the organization answered "Yes" ((a) Description CONSERVATION LAND		(b) Book value 5, 652, 3
(9) otal. (Colum. Part IX (1) (2) (3) (4) (5)	Other Assets Complete if the organization answered "Yes" ((a) Description CONSERVATION LAND		(b) Book value 5, 652, 3
(9) otal. (Colum. Part IX (1) (2) (3) (4) (5) (6)	Other Assets Complete if the organization answered "Yes" ((a) Description CONSERVATION LAND		(b) Book value 5, 652, 3
(9) otal. (Colum. Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets Complete if the organization answered "Yes" ((a) Description CONSERVATION LAND		(b) Book value 5, 652, 3
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" (a) Description CONSERVATION LAND CONSTRUCTION IN PROGRE		(b) Book value 5, 652, 3 1, 4
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets Complete if the organization answered "Yes" (a) Description CONSERVATION LAND CONSTRUCTION IN PROGRE		(b) Book value 5, 652, 3
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" (a) Description CONSERVATION LAND CONSTRUCTION IN PROGRE In (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" (a) Description (a) Description (b) Description (c) Description (d) Description (e) PROGRE	ESS	(b) Book value 5, 652, 3 1, 4 5, 653, 8
(1) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets Complete if the organization answered "Yes" (a) Description CONSERVATION LAND CONSTRUCTION IN PROGRE In (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" (line 25.	on Form 990, Part IV,	(b) Book value 5, 652, 3 1, 4 5, 653, 8 Intelligence 11e or 11f. See Form 990, Part X,
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets Complete if the organization answered "Yes" (a) Description CONSERVATION LAND CONSTRUCTION IN PROGRE In (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" (a) Description of liabilities (a) Description of liabilities	on Form 990, Part IV,	(b) Book value 5, 652, 3 1, 4 5, 653, 8
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets Complete if the organization answered "Yes" (a) Description CONSERVATION LAND CONSTRUCTION IN PROGRE In (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" (line 25.	on Form 990, Part IV,	(b) Book value 5, 652, 3 1, 4 5, 653, 8 Intelligence 11e or 11f. See Form 990, Part X,
(1) Federal (2)	Other Assets Complete if the organization answered "Yes" (a) Description CONSERVATION LAND CONSTRUCTION IN PROGRE In (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" (a) Description of liabilities (a) Description of liabilities	on Form 990, Part IV,	(b) Book value 5, 652, 3 1, 4 5, 653, 8 Intelligence 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column Part X) (1) Federal (2) (3)	Other Assets Complete if the organization answered "Yes" (a) Description CONSERVATION LAND CONSTRUCTION IN PROGRE In (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" (a) Description of liabilities (a) Description of liabilities	on Form 990, Part IV,	(b) Book value 5, 652, 3 1, 4 5, 653, 8 Intelligence 11e or 11f. See Form 990, Part X,
(1) (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column Part X	Other Assets Complete if the organization answered "Yes" (a) Description CONSERVATION LAND CONSTRUCTION IN PROGRE In (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" (a) Description of liabilities (a) Description of liabilities	on Form 990, Part IV,	(b) Book value 5, 652, 3 1, 4 5, 653, 8 Intelligence 11e or 11f. See Form 990, Part X,
1) Part IX 1) (2) (3) (4) (5) (6) (7) (8) (9) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Other Assets Complete if the organization answered "Yes" (a) Description CONSERVATION LAND CONSTRUCTION IN PROGRE In (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" (a) Description of liabilities (a) Description of liabilities	on Form 990, Part IV,	(b) Book value 5, 652, 3 1, 4 5, 653, 8 Intelligence 11e or 11f. See Form 990, Part X,
(1) Federal (2) (3) (4) (5) (6) (6) (7)	Other Assets Complete if the organization answered "Yes" (a) Description CONSERVATION LAND CONSTRUCTION IN PROGRE In (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" (a) Description of liabilities (a) Description of liabilities	on Form 990, Part IV,	(b) Book value 5, 652, 3 1, 4 5, 653, 8 Intelligence 11e or 11f. See Form 990, Part X,
(1) Federal (2) (3) (4) (5) (6) (7) (6) (7) (7) (7) (8) (7) (7) (8) (7) (7) (8) (7) (7) (8) (7) (8) (7) (8) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets Complete if the organization answered "Yes" (a) Description CONSERVATION LAND CONSTRUCTION IN PROGRE In (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" (a) Description of liabilities (a) Description of liabilities	on Form 990, Part IV,	(b) Book value 5, 652, 3 1, 4 5, 653, 8 Intelligence 11e or 11f. See Form 990, Part X,
9) otal. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (1) Federal (2) (3) (4) (5) (6) (7) (8)	Other Assets Complete if the organization answered "Yes" (a) Description CONSERVATION LAND CONSTRUCTION IN PROGRE In (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" (a) Description of liabilities (a) Description of liabilities	on Form 990, Part IV,	(b) Book value 5, 652, 3 1, 4 5, 653, 8 Intelligence 11e or 11f. See Form 990, Part X,
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" (a) Description CONSERVATION LAND CONSTRUCTION IN PROGRE In (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" (a) Description of liabilities (a) Description of liabilities	on Form 990, Part IV,	(b) Book value 5, 652, 3 1, 4 5, 653, 8 Intelligence 11e or 11f. See Form 990, Part X,

Pa	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, I		Return
1			1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	rt XII Reconciliation of Expenses per Audited Financial State		
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		000000
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
С	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 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 5 - MONITORING AND ENFORCEMENT POLICY
GREAT POND MOUNTAIN CONSERVATION TRUST MONITORS ITS PROPERTIES ANNUALLY.
GPMCT STAFF AND/OR VOLUNTEERS FIRST REVIEW THE PROPERTY'S BASELINE DATA,
INCLUDING MAPS, CONSERVATION VALUES, LANDOWNER INTENT, PAST ISSUES, AND
BOUNDARIES. THE LANDOWNER IS CONTACTED AND INVITED TO PARTICIPATE IN A
VISIT TO THE PROPERTY. GPMCT STAFF OR VOLUNTEERS GO TO THE PROPERTY AND
WALK ITS ROADS, TRAILS, WATERWAYS, AND BOUNDARIES, LOOKING FOR EVIDENCE OF
SUCH VIOLATIONS AS DEVELOPMENT, ROAD BUILDING, FIRE, TIMBER TRESPASS,
VANDALISM, OR HEAVY USE THAT HAS RESULTED IN DAMAGE TO THE RESOURCE. ANY
CHANGES ON THE PROPERTY OR ON ABUTTING PROPERTIES ARE NOTED ON AN
INSPECTION FORM, AND CURRENT CONDITIONS ARE PHOTOGRAPHED. A BRIEF LETTER IS
SENT TO THE LANDOWNER SUMMARIZING THE FINDINGS; THE REPORT AND PHOTOS ARE
REVIEWED BY THE TRUST'S EXECUTIVE DIRECTOR AND FILED IN THE PROPERTY'S
MONITORING FILE.

PART II, LINE 9 - ACCOUNTING FOR CONSERVATION EASEMENTS
ORGANIZATION DOES NOT RECORD CONSERVATION EASEMENTS ON ITS BALANCE SHEET
AND DONATIONS OF EASEMENTS ARE NOT REFLECTED AS INCOME. MONITORING AND
STEWARDSHIP EXPENSES ARE EXPENSED AS INCURRED.
TEXT OF FINANCIAL STATEMENT FOOTNOTE:

"CONSERVATION EASEMENTS ARE DEEMED TO BE WITHOUT ECONOMIC VALUE TO GREAT POND MOUNTAIN CONSERVATION TRUST AND THEREFORE ARE VALUED AT ZERO FOR ACCOUNTING PURPOSES."

Supplemental information (contr				
PART V, LINE 4 - INTENDED US GENERAL SUPPORT OF ORGANIZAT	ES FOR ENDOVION AND STEV	MENT FUNDS NARDSHIP OF LA	AND AND EASEME	NTS
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SCHEDULE L

(Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization GREAT POND MOUNTAIN CONSERVATION TR 01-0488464 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction Yes organization (1) (2) (3) (4) (5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship (a) Name of interested person (c) Purpose of (d) Loan (e) Original (f) Balance due (g) In default? (h) Approved (i) Written with organization to or from by board or agreement? loan principal amount the org.? committee? To From Yes No Yes No No Yes (9) (10) **Total** \$ Part III **Grants or Assistance Benefiting Interested Persons** Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Type of assistance (e) Purpose of assistance person and the organization assistance (1) (2) (3) (4) (5) (6) (7)

(8) (9)

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
	organization			Yes	No
(1) HANNAH JOHNSON	DIRECTOR	101,000	ORG. BOUGHT LAND		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					

Part V	Supplemental	Information
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Provide additional information for responses to questions on Schedule L. See instructions.

 	SCHEDULE L, PART V - ADDITIONAL INFORMATION THE LAND PURCHASED FROM A DIRECTOR DISCLOSED IN PART IV WAS PURCHASED AT	
	APPRAISED VALUE, AND THE DIRECTOR RECUSED THEMSELVES FROM ALL APPLICABLE VOTING, IN ACCORDANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY.	
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SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

GREAT POND MOUNTAIN CONSERVATION TR

01-0488464

Employer identification number

FORM 990 - ORGANIZATION'S MISSION

CONSERVING LAND, WATER AND WILDLIFE HABITAT FOR THE COMMUNITIES OF NORTHWEST HANCOCK COUNTY.

PROTECTING OUR LEGACY OF:

- *ABUNDANT WILDLIFE HABITAT AND BIODIVERSITY
- *CLEAN WATER
- *RURAL CHARACTER AND SCENIC BEAUTY
- *WORKING FORESTS AND FARMS
- *OUTDOOR RECREATION AND EDUCATION

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS ANY INDIVIDUAL OR ENTITY WHICH SUBSCRIBES TO THE PURPOSE AND UNDERLYING PRINCIPLES OF THE ORGANIZATION AND MAKES A CONTRIBUTION IN CASH OR IN KIND EQUAL TO OR MORE THAN THE CURRENT RATE SET FOR THAT CATEGORY OF MEMBERSHIP SHALL BE A MEMBER OF THE ORGANIZATION FOR THE 12 MONTHS FOLLOWING THE DATE ON WHICH THEY MADE THE CONTRIBUTION.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS MEMBERS ELECT THE BOARD OF DIRECTORS AT THE ANNUAL MEETING.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS CHANGES TO BY-LAWS MUST BE RATIFIED BY THE MEMBERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A DRAFT FORM 990 IS FIRST REVIEWED BY THE EXECUTIVE DIRECTOR AND MEMBERS OF THE FINANCE COMMITTEE. FOLLOWING SUCCESSFUL COMPLETION OF THIS REVIEW, THE DRAFT 990 WILL BE REVIEWED BY MEMBERS OF THE FULL BOARD OF DIRECTORS AND IF FOUND ACCEPTABLE, AUTHORIZE AN APPROPRIATE BOARD MEMBER OR OFFICER TO SIGN THE FINAL VERSION OF THE FORM.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY POLICIES DEALING WITH POSSIBLE CONFLICTS OF INTEREST ARE EXPLAINED TO NEW BOARD MEMBERS AND COMMITTEE CHAIRS. EVERY BOARD AND STAFF MEMBER AND COMMITTEE CHAIR RECEIVES A COPY, AND SIGNS THE POLICY. THE POLICY IS THEN RE-READ AND SIGNED ANNUALLY. ADDITIONALLY, THE POLICY IS POSTED TO THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD OF DIRECTORS REVIEWS COMPARABLE SALARIES FOR SIMILAR POSITIONS IN THE STATE OF MAINE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE BOARD OF DIRECTORS REVIEWS COMPARABLE SALARIES FOR SIMILAR POSITIONS IN THE STATE OF MAINE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION PROVIDED AS REQUESTED; CERTAIN DOCUMENTS ARE ON THE ORGANIZATION'S WEBSITE