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

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A I	For the	$lpha$ 2022 calendar year, or tax year beginning $$ J U $\pm$ $$ 1 $$ $$ $$ 2 $$ $$ 2 $$ $$ $$ and endire	ng J	UN 30, 20	123	
В	Check if applicable	C Name of organization		D Employer ide	entificat	tion number
	Addres	THE MOUNTAINS TO SOUND GREENWAY TRUST				
	Name change	Doing business as		91-153	31234	
	Initial return Final return/	2701 19T AVENUE 240	n/suite	E Telephone nu (206)		-5565
	termin ated			G Gross receipts \$		5,693,874.
	Ameno		l	H(a) Is this a gro	oup retui	
	Applic	F Name and address of principal officer: JON HOEKSTRA		for subordi		
	pendir	SAME AS C ABOVE		H(b) Are all subordin	nates includ	ded? Yes No
1	Tax-exe	empt status: $\mathbf{X}$ 501(c)(3) $\mathbf{S}$ 501(c) ( ) (insert no.) $\mathbf{A}$ 4947(a)(1) or $\mathbf{S}$	527	If "No," atta	ach a list	t. See instructions
	Websit			H(c) Group exer	nption n	number
	orm of	organization: X Corporation Trust Association Other L Summary	_ Year c	of formation: 199	<b>91</b>  м s	tate of legal domicile: WA
	_	Briefly describe the organization's mission or most significant activities: THE MOU	מידע	INS TO SO	TIND	GREENWAY
Se	'	TRUST LEADS AND INSPIRES ACTION TO CONSERVE				CKELIWAI
nan	2	Check this box if the organization discontinued its operations or disposed of				
Governance	3	Number of voting members of the governing body (Part VI, line 1a)			3	53
		Number of independent voting members of the governing body (Part VI, line 1b)			4	52
<u>დ</u>	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5	38
i <u>‡</u> i	6	Total number of volunteers (estimate if necessary)			6	1500
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.
				Prior Year		Current Year
a	8	Contributions and grants (Part VIII, line 1h)	3,609,37		5,567,318.	
ğ	9	Program service revenue (Part VIII, line 2g)		12,85		15,431.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		27,95		44,335.
<b>~</b>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,58		13,348.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,655,76		5,640,432.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,943,28		2,363,676.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
ă	. b	Total fundraising expenses (Part IX, column (D), line 25) 241,710.	_	1 204 22	7	2 142 044
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,384,33		3,142,944.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	.	3,327,61		5,506,620. 133,812.
		Revenue less expenses. Subtract line 18 from line 12	. Dog	328,14 jinning of Current \		End of Year
Net Assets or		Tatal assate (Dart V. King 10)	Deg	4,313,02		4,814,948.
SSE	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		320,67		645,825.
let /	21 22	Net assets or fund balances. Subtract line 21 from line 20		3,992,35		4,169,123.
P	art II	Signature Block		3,332,33	,,,,,	4,100,120.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and s	stateme	nts, and to the best	of my kn	owledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pr				owicago ana sonon, icio
	,	,				
Sig	n	Signature of officer		Date		
Her		JON HOEKSTRA, EXECUTIVE DIRECTOR				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	D	ate Che	eck	PTIN
Paid	d	KATIE JOENS, CPA KATIE JOENS, CPA	0	2/19/24 seli	f-employed	P02389255
Pre	parer	Firm's name JACOBSON JARVIS & CO, PLLC		Firm's EI	N 91-	-2011386
Use	Only	Firm's address 200 1ST AVE W, SUITE 200				
		SEATTLE, WA 98119		Phone no	.206-	<u>-628-8990</u>
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions				X Yes No

Other program services (Describe on Schedule O.)

) (Revenue \$ including grants of \$ 4,965,964.

Total program service expenses

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_	37	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		, v
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<b> </b> ₩
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
_	Schedule D, Part III	8		_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		X
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,	444	х	
<b>h</b>	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 22	
D		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		1
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		<del></del>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a		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

Form 990 (2022) THE MOUNTAINS TO SOUND GREENWAY TRUST
Part IV Checklist of Required Schedules (continued)

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

022) THE MOUNTAINS TO SOUND GREENWAY TRUST
Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2022) **Part V** Sta

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 38			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	l _		1 37
	to file Form 8282?	7c		X
d	,	-		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
8		8		
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	4		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	-	-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	,_		\ <b>.</b> ,
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	10		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  If "Yes." complete Form 6069.	17		
	II 165. COMDICTE FORM DUOS.			

Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 53			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(The social 2 register members as at person to regard a 2 vite morning members as		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed WA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JESSICA ADAIR - (206) 382-5565			
	2701 1ST AVE, SUITE 240, SEATTLE, WA 98121			

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

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

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

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

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

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

Check this box if neither the organization ne		orga	nıza			npen	sate			
(A)	(B)	(C) Position						(D)	<b>(E)</b> Reportable	(F)
Name and title	Average		not cl	neck r	more	than c		Reportable	Estimated	
	hours per	box,	unles	ss person is both an d a director/trustee)				compensation	compensation	amount of
	week		, c. u.,			1	,	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	ıl trus		ee/	mpen		1099-NEC)	1000 (420)	and related
	below	dual t	utio na	_	mplo	st co	-	10001120,		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JONATHAN HOEKSTRA	40.00									
EXECUTIVE DIRECTOR		X		Х				156,788.	0.	19,186.
(2) TORVALD BELL	40.00									
STEWARDSHIP AND OPS DIRECTOR						Х		111,989.	0.	19,212.
(3) AMY BROCKHAUS	40.00									
DEPUTY DIRECTOR						Х		116,989.	0.	13,548.
(4) MICHAEL WOODSUM	40.00								_	
DEVELOPMENTAL DIRECTOR						Х		104,989.	0.	12,949.
(5) ALISON WASHBURN	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(6) JOSH LIPSKY	2.00								_	
VICE PRESIDENT		Х		Х				0.	0.	0.
(7) SHARON LINTON	2.00								•	•
SECRETARY	2 00	X		Х				0.	0.	0.
(8) AMANDA O'ROURKE	2.00	Х		х				0.	0.	0
TREASURER (9) KRISTIN BAIL	0.50	Λ		Λ				0.	0.	0.
DIRECTOR	0.50	Х						0.	0.	0.
(10) CATHY BAKER	0.50	Λ						0.	0.	<u> </u>
DIRECTOR	0.50	Х						0.	0.	0.
(11) JIM BECKER	0.50	Λ						0.	0.	<u> </u>
DIRECTOR	0.50	Х						0.	0.	0.
(12) LAURIE BENSON	0.50							0.	0.	<u></u>
DIRECTOR	0.30	х						0.	0.	0.
(13) GARY BERNDT	0.50							•	•	
DIRECTOR		Х						0.	0.	0.
(14) MARK BOYAR	0.50									
DIRECTOR		Х						0.	0.	0.
(15) JASON BROENNEKE	0.50								-	_
DIRECTOR		Х						0.	0.	0.
(16) ALLISON CAPEN	0.50									
DIRECTOR		Х						0.	0.	0.
(17) SUSAN CARLSON	0.50									
DIRECTOR		Х						0.	0.	0.

Form **990** (2022)

(A) Name and title	(B) Average		not c	Pos heck	more	than		(D) Reportable	Reportable Reportable					
	hours per week (list any hours for related organizations below line)	tee or director	c cer ar lustit ntional trustee				tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organization (W-2/1099-MIS 1099-NEC)	d s SC/	com fr org an	nount other ipensa rom the anizat d relat anizati	ation e ion ed	
(18) BILL CHAPMAN DIRECTOR	0.50	х						0.		0.			0.	
(19) DOW CONSTANTINE	0.50							•						
DIRECTOR		Х						0.		0.			0.	
(20) KITTY CRAIG	0.50													
DIRECTOR		Х						0.		0.			0.	
(21) DELOA DALBY	0.50												_	
DIRECTOR	0.50	Х				-		0.		0.			0.	
(22) DIANA DUPUIS	0.50	.,											^	
DIRECTOR (23) BOB ELLIS	0.50	Х				$\vdash$		0.		0.			0.	
DIRECTOR	0.50	Х						0.		0.			0.	
(24) KARL FORSGAARD	0.50	^				-		0.		0.			<u> </u>	
DIRECTOR	0.50	х						0.		0.			0.	
(25) KURT FAESE	0.50	<del></del>												
DIRECTOR		Х						0.		0.			0.	
(26) HILARY FRANZ	0.50													
DIRECTOR		Х						0.		0.			0.	
1b Subtotal								490,755.		0.	6	4,8	95.	
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.	
d Total (add lines 1b and 1c)								490,755.		0.	6	4,8	<u>95.</u>	
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	oove	e) wh	10 r	eceived more than \$100,	000 of reportable	•		Yes	4 No	
3 Did the organization list any <b>former</b> officer.	director truct	aa 1					. hi	about componented comp	lavos on	ſ		162	NO	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3		х	
4 For any individual listed on line 1a, is the su										·····				
and related organizations greater than \$150											4	Х		
5 Did any person listed on line 1a receive or a	accrue comper	oo nsati	on fr	om	anv	unre	elat	ted organization or individual	dual for services					
rendered to the organization? If "Yes," con											5		Х	
Section B. Independent Contractors	•													
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs t	hat received more than \$	3100,000 of comp	oensa <sup>t</sup>	tion fro	om		
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thi	n the organization's tax y	ear.					
<b>(A)</b> Name and business	addrass	37/	~***					(B) Description of s	· om doos	_	<b>))</b> Compe		_	
	N	ONE	<u> </u>				Description of s	ser vices		ompe	lisalio			
							_							
2 Total number of independent contractors (i	ncluding but p	ot lin	niter	t to	thos	ا مع	tec	d above) who received me	ore than					

\$100,000 of compensation from the organization

- 1/11								WAY TRUST	91-133	1434
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est	Compensated Employe	es (continued)	
(A)	(B)			(C	<b>)</b>			(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(c	heck	all t	hat	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					99/		the	organizations	compensation
	(list any	ctor				yoldı		organization	(W-2/1099-MISC)	from the
	hours for	dire				ed en		(W-2/1099-MISC)	,	organization
	related	99	stee			nsat		,		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	idua	tution	-E	ld me	esto	er			
	line)	Indiv	Insti	Officer	Key	High	Former			
(27) LINDSAY FRICKLE	0.50									
DIRECTOR		Х						0.	0.	0.
(28) JEN GRADISHER	0.50									
DIRECTOR		Х						0.	0.	0.
(29) MATT GRIMM	0.50									
DIRECTOR		Х						0.	0.	0.
(30) LAURA HOFFMAN	0.50									
DIRECTOR		Х						0.	0.	0.
(31) KATHERINE HOLLIS	0.50									
DIRECTOR		Х						0.	0.	0.
(32) MITSU IWASAKI	0.50									
DIRECTOR		Х						0.	0.	0.
(33) WARREN JIMENEZ	0.50	1								_
DIRECTOR		Х						0.	0.	0.
(34) CORA JOHNSON	0.50	ļ								
DIRECTOR		Х						0.	0.	0.
(35) ANDREW KENEFICK	0.50	٠,,								•
DIRECTOR	0.50	Х						0.	0.	0.
(36) MELANIE KITZAN DIRECTOR	0.50	х						0.	0.	0.
	0.50	Δ						0.	0.	0.
(37) JANET KNOX DIRECTOR	0.50	х						0.	0.	0.
(38) KEN KONIGSMARK	0.50	Α	$\vdash$					0.	0.	0.
DIRECTOR	0.30	Х						0.	0.	0.
(39) YVONNE KRAUS	0.50	^						0.	0.	0.
DIRECTOR	0.50	Х						0.	0.	0.
(40) KEN KRIVANEC	0.50							•	•	•
DIRECTOR	0.00	x						0.	0.	0.
(41) DANNY LEVINE	0.50	1							•	
DIRECTOR		Х						0.	0.	0.
(42) ELIZABETH LUNNEY	0.50								-	
DIRECTOR		Х						0.	0.	0.
(43) BEN MAYER	0.50									
DIRECTOR		Х	L					0.	0.	0.
(44) DOUG MCCLELLAND	0.50									
DIRECTOR		Х						0.	0.	0.
(45) ROBERTA MCFARLAND	0.50	]								
DIRECTOR		Х						0.	0.	0.
(46) ROGER MILLAR	0.50	1_						_		_
DIRECTOR		Х						0.	0.	0.
Total to Part VII, Section A, line 1c										

B . 1/11								IWAY TRUST	91-133	1434
Part VII Section A. Officers, Directors, To	rustees, Key Er	nplo	yee	s, ar	nd H	ligh	est	Compensated Employe	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(c	heck	call t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	١.				yee		the	organizations	compensation
	(list any	ector				)d w		organization	(W-2/1099-MISC)	from the
	hours for	ordi	9			ated 6		(W-2/1099-MISC)		organization
	related	stee	truste		e.	ben s:				and related
	organizations	ual tru	ional		ploye	tcom				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(AT) GUAD MEGLAND	,	드	드	0	Ÿ	工	Ğ.			
(47) CHAD NESLAND DIRECTOR	0.50	X						0.	0.	^
	0 50	^						0.	0.	0.
(48) THOMAS O'KEEFE	0.50	<b>.</b> ,							_	0
DIRECTOR	0.50	Х						0.	0.	0.
(49) KIZZ PRUSIA	0.50								•	•
DIRECTOR	0.50	Х	_					0.	0.	0.
(50) MARIE QUASIUS	0.50	l								
DIRECTOR		Х						0.	0.	0.
(51) CHARLIE RAINES	0.50	l								•
DIRECTOR	0.50	Х						0.	0.	0.
(52) JANET RAY	0.50								•	•
DIRECTOR	0.50	Х	_					0.	0.	0.
(53) JIM REINHARDSEN	0.50								•	•
DIRECTOR	0.50	Х	_					0.	0.	0.
(54) VIKRAM SAHNEY	0.50								•	•
DIRECTOR	0.50	Х	_					0.	0.	0.
(55) KATHERINE SCHAFER	0.50	٠,							0	0
DIRECTOR (SUNNY	0.50	X						0.	0.	0.
(56) MEREDITH SHANK	0.50	X						0.	0.	0.
DIRECTOR (57) JILL SIMMONS	0 50	Λ						0.	0.	0.
	0.50	<b>.</b>							0.	0
DIRECTOR (58) AL SMITH	0 50	Х						0.	0.	0.
, ,	0.50	<b>.</b> ,							_	0
DIRECTOR	0.50	Х				_		0.	0.	0.
(59) DAVE STURTEVANT	0.50	٠,							0	0
DIRECTOR (60) CHRISTOPHER THOMAS	0.50	Х						0.	0.	0.
	0.50	X						0.	0.	0
DIRECTOR (61) HARRY THOMAS	0.50	^				_		0.	0.	0.
DIRECTOR	0.50	X						0.	0.	0.
(62) LEAH TIVOLI	0.50	Δ						· ·	0.	0.
DIRECTOR	0.50	X						0.	0.	0.
(63) ADAM TOREM	0.50			Н				1	0.	0.
DIRECTOR	0.50	X						0.	0.	0.
(64) JODY WEIL	0.50	<u> </u>		H		$\vdash$		J .	0.	· ·
DIRECTOR	0.50	X						0.	0.	0.
	+	122		$\vdash$		$\vdash$		<b>.</b>		
		1								
				Н						
		1								
		1				-	·			
Total to Part VII, Section A, line 1c										
								L	ı	

		Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
				(A)	<b>(B)</b> Related or exempt	<b>(C)</b> Unrelated	( <b>D</b> ) Revenue excluded
				Total revenue		business revenue	from tax under
							sections 512 - 514
nts Its	1	a Federated campaigns1a					
irar oun		b Membership dues 1b					
s, G		c Fundraising events 1c	70,878.				
ar /		d Related organizations 1d					
imil		e Government grants (contributions) 1e 9	76,552.				
tion S	1	f All other contributions, gifts, grants, and					
ibu:			19,888.				
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contributions included in lines 1a-1f 1g \$	3,194.				
<u>ဒိ မ</u>		h Total. Add lines 1a-1f		5,567,318.			
		<del></del>	Business Code				
e	2	a FIELD TRIPS	712190	15,431.	15,431.		
Program Service Revenue		b					
Senne		c					
ran Jev		d					
og F		e					
<u>a</u>	1	f All other program service revenue		1 - 101			
_		g Total. Add lines 2a-2f		15,431.			
	3	,		44 225			44 225
		other similar amounts)		44,335.			44,335.
	4	·	ceeds				
	5	Royalties	/::\ D				
			(ii) Personal				
	6						
		b Less: rental expenses 6b 0.					
		c Rental income or (loss) 6c 13,348.		13,348.			13,348.
		d Net rental income or (loss)  a Gross amount from sales of (i) Securities	(ii) Other	13,340.			13,340.
	,		(ii) Oti lei				
		assets other than inventory 7a					
ø		b Less: cost or other basis					
ther Revenue		and sales expenses 7b  c Gain or (loss) 7c					
eve		. ,					
¥	0	d Net gain or (loss)					
O EP	0	including \$ 70,878. of					
		contributions reported on line 1c). See					
			53,442.				
			53,442.				
		c Net income or (loss) from fundraising events		0.			
		a Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
<b>,</b>			Business Code				
ous	11 :	a					
Miscellaneous Revenue		b					
eve		С					
Aisc B		d All other revenue					
_		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		5,640,432.	15,431.	0.	57,683.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (B)
Program service
expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 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, 135,670. 78. 168,249. 32,501. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 133,395. Other salaries and wages 1,713,130. 1,407,474. 172,261. 7 Pension plan accruals and contributions (include 80,364. 63,542. 7,806. 9,016. section 401(k) and 403(b) employer contributions) 137,355. 19,<sub>901</sub>. 168,919. 11,663. Other employee benefits 9 233,014. 201,815. 14,532. 16,667. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 52,813. 52,813. Accounting Lobbying Professional fundraising services. See Part IV, line 17 5,769. 5,769. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 2,100,037. 2,091,859. column (A), amount, list line 11g expenses on Sch O.) 8,178. Advertising and promotion 12 196,279. 164,423. 19,144. 12,712. 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 49,071. 46,992. 194. 1,885. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 87,673. 1,663. 83,634. 2,376. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 35,911. 35,911. Depreciation, depletion, and amortization 22 43,635. 37,277. 2,752. 3,606. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 479,334. 477,561. FIELD PROJECT MATERIALS 1,773.  $60,\overline{214}$ . 50,637.FEES 157. 9,420. 19,548. 19,518. 13. 17. CONTRIBUTIONS TO PARTNE PROFESSIONAL DEVELOPMEN 12,660. 12,296. 128. 236. All other expenses \_\_ 5,506,620. 4,965,964. 298,946. 241,710. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)
Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	748,367.	1	306,830.		
	2	Savings and temporary cash investments			549,752.	2	436,849.
	3	Pledges and grants receivable, net			457,149.	3	114,150.
	4	Accounts receivable, net			901,872.	4	1,391,812.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified per				
		under section 4958(f)(1)), and persons describe		6			
ι	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
§ ∣	9	5			56,215.	9	77,809.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	515,328.			
	b	Less: accumulated depreciation	10b	306,257.	171,731.	10c	209,071.
	11	Investments - publicly traded securities			1,427,943.	11	2,068,603.
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		0.	15	209,824.	
	16	Total assets. Add lines 1 through 15 (must equal to 15)			4,313,029.	16	4,814,948.
	17	Accounts payable and accrued expenses		250,107.	17	378,240.	
	18	Grants payable		18			
	19	Deferred revenue			70,563.	19	47,016.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
တ္ဆ	22	Loans and other payables to any current or for	mer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
iabi		controlled entity or family member of any of the	ese perso	ons		22	
	23	Secured mortgages and notes payable to unre	lated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D			0.		220,569.
	26				320,670.	26	645,825.
		Organizations that follow FASB ASC 958, ch	eck her	X			
Š		and complete lines 27, 28, 32, and 33.			0 540 506		2 252 424
la l	27	Net assets without donor restrictions			2,740,736.	27	3,252,134.
B	28	Net assets with donor restrictions			1,251,623.	28	916,989.
<u> </u>		Organizations that do not follow FASB ASC					
뇬		and complete lines 29 through 33.					
8	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or e			30		
ţ	31	Retained earnings, endowment, accumulated in			2 000 250	31	4 160 100
Ş	32	Total net assets or fund balances		1	3,992,359.	32	4,169,123.
	33	Total liabilities and net assets/fund balances			4,313,029.	33	4,814,948.

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI									
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	,64	0,4	32.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,50	6,6	20.				
3	Revenue less expenses. Subtract line 2 from line 1	3		13	3,8	12.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	,99	2,3	59.				
5										
6	6 Donated services and use of facilities 6									
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,									
	column (B))	10	4	,16	9,1	23.				
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: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.								
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:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?			2b	Х					
	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:									
	X Separate basis Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,								
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O	١.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the									
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required									
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h						

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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 THE MOUNTAINS TO SOUND GREENWAY TRUST 91-1531234 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	3661164.	2485910.	3269154.	3609370.	5567318.	18592916.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	3661164.	2485910.	3269154.	3609370.	5567318.	18592916.	
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)						640,963.	
	Public support. Subtract line 5 from line 4.						<u> 17951953.</u>	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019 2485910.	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	3661164.	2485910.	3269154.	3609370.	556/318.	18592916.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	74 202	40 200	20 402	40 000	F7 (02	252 556	
_	and income from similar sources	74,282.	40,308.	39,403.	40,880.	57,683.	252,556.	
9	Net income from unrelated business							
	activities, whether or not the							
40	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital	3,371.					3,371.	
	assets (Explain in Part VI.)	3,3/1.					18848843.	
11	<b>Total support.</b> Add lines 7 through 10	ata (aga inatu satia	, no)			12	108,875.	
12	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,	iourth or fifth toy y			100,075.	
13	organization, check this box and stop	~		•				
Sec	ction C. Computation of Publi							
	Public support percentage for 2022 (I			column (f))		14	95.24 %	
15	Public support percentage from 2021					15	92.77 %	
	33 1/3% support test - 2022. If the o							
	stop here. The organization qualifies						77	
b	33 1/3% support test - 2021. If the		~					
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances te							
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line				
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	op here. Explain ir	n Part VI how the		
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation		
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
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	ļ					
	acquired after June 30, 1975						
c	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	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi					<del></del>	
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			Para et 4		0.1/00/	%
19a	33 1/3% support tests - 2022. If the						/ is not
-	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	

### Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3c		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
 10b		0000
 A (Forn	v aav)	ついつつ

Par	art IV   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		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provi	ide		
	detail in Part VI.	11c		
Sect	ction 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 membershi	p of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization	n's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	mong the		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
	71 11 5 5		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sect	the supported organization(s). ction D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	tav		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ian		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in <b>Part VI</b> how			
	, ,	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).  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 <b>Part VI</b> the role the organization's			
	· · · · · · · · · · · · · · · · · · ·	3		
Sect	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations			I
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e instructions)		
· a				
b				
c		tal entity (see instruction	16)	
	Activities Test. Answer lines 2a and 2b below.	ar critity (see instruction	Yes	No
				110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

	t V Type III Non Eurotionally Integrated 500(a)(2) Currenting			71 1331234 Page 6
Pa	, , , , , , , , , , , , , , , , , , , ,			
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	T
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4 unless subject to			

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

Schedule A (Form 990) 2022

emergency temporary reduction (see instructions).

instructions).

	dule A (Form 990) 2022 THE MOUNTAINS  t V Type III Non-Functionally Integrated 509(	TO SOUND GREED (a)(3) Supporting Orga			1-1531234 Page 7
	ion D - Distributions	. , , , , , , , , , , , , , , , , , , ,	(OOTHING	, <u>, , , , , , , , , , , , , , , , , , </u>	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i>				

Schedule A (Form 990) 2022

Part VI. See instructions.

and 4c.

8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

232028 12-09-22 Schedule A (Form 990) 2022

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

THE MOUNTAINS TO SOUND GREENWAY TRUST

Employer identification number

91-1531234

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

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

## THE MOUNTAINS TO SOUND GREENWAY TRUST

91-1531234

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 4	Name, address, and ZIP + 4	\$ 422,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5_		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$\$	Person X Payroll		

## THE MOUNTAINS TO SOUND GREENWAY TRUST

91-1531234

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7_		- \$\frac{1,666,304.}{}	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8		\$ 229,307.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9		\$\$	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 10	Name, address, and ZIP + 4	Total contributions  \$ 150,000.	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.)		

## THE MOUNTAINS TO SOUND GREENWAY TRUST

91-1531234

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

	OUNTAINS TO SOUND GREEN			91-1531234			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	ons to organizations described	in section 50	1(c)(7), (8), or (10) that total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,00	O or less for the	ne year. (Enter this info. once.) \$			
	Use duplicate copies of Part III if additional	space is needed.					
(a) No. from	(h) Duwness of sift	(a) Has of wift		(d) Description of how wift is hold			
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		-					
ŀ		(e) Transfer o	of crift				
		(e) Transfer c	n giit				
	Transferoe's name address o	nd <b>7</b> ID + 4	ь	alationahin of transferor to transferor			
ŀ	Transferee's name, address, a		n	elationship of transferor to transferee			
		-					
		<u> </u>					
(a) No		<u> </u>					
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I	(,,	(-, 3		(,			
L							
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee			
(a) No. from							
from   Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		-					
ŀ	(a) Transfer of sift						
	(e) Transfer of gift						
	Transferee's name, address, a	nd <b>7</b> ID + 4	ь	alationahin of transferor to transferor			
ŀ	Transieree's name, address, a	IIU ZIP + 4	<u>n</u>	elationship of transferor to transferee			
		<i>_</i>					
		<del></del>					
(a) No		<u> </u>					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I		,,,					
ļ							
	(e) Transfer of gift						
ļ	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee			

## SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

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 B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and 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 of orga	anization	ions. Complete Part III.		E	mployer identification number
Ü		NTAINS TO SOUND	GREENWAY TRU		91-1531234
Part I-A	Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527	organization.
2 Political	campaign activity expendit er hours for political campai	gn activities			\$
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)(	3).	
1 Enter th	e amount of any excise tax	incurred by the organization un	der section 4955		. \$
2 Enter th	e amount of any excise tax	incurred by organization manag	ers under section 4955		. \$
		n 4955 tax, did it file Form 4720			
					Yes No
	describe in Part IV.	anization is exempt und	lor coetion FO1/o	eveent eastion FO	1(a)(2)
Part I-C					
		by the filing organization for se			. \$
		ization's funds contributed to o	•		¢
		. Add lines 1 and 2. Enter here			\$
		. Add lines 1 and 2. Enter here a		•	4
		1120-POL for this year?			
		nployer identification number (E			
		tion listed, enter the amount pa		-	
contribu	itions received that were pro	omptly and directly delivered to	a separate political orga	anization, such as a sepa	arate segregated fund or a
political	action committee (PAC). If	additional space is needed, pro-	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization?	s contributions received and
				funds. If none, enter	-0 promptly and directly delivered to a separate political organization.  If none, enter -0

Schedule C (Form 990) 2022	THE MOUNTAI	NS TO SOUND	GREENWAY TE	RUST 91-1	531234 Page 2
Part II-A Complete if the org section 501(h)).	anization is exe	mpt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
	tion belongs to an aff	iliated group (and list in	Part IV each affiliated	group member's name	e. address. EIN.
	re of excess lobbying	•			, ,
B Check if the filing organiza	tion checked box A a	nd "limited control" pro	visions apply.		
	ts on Lobbying Expe ditures" means amo	enditures unts paid or incurred.)		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion	(grassroots lobbying)		17,835.	
<b>b</b> Total lobbying expenditures to influ	uence a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add li				17,835.	
d Other exempt purpose expenditure	es			5,488,785.	
e Total exempt purpose expenditure	s (add lines 1c and 1c	d)(k		5,506,620.	
f Lobbying nontaxable amount. Ente	er the amount from th	e following table in both	n columns.	425,331.	
If the amount on line 1e, column (a) o	or (b) is: The lol	obying nontaxable amo	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,0	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	ess over \$1,000,000.				
Over \$1,500,000 but not over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000.			ss over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
	106 222				
g Grassroots nontaxable amount (en	, ,			106,333.	
h Subtract line 1g from line 1a. If zer				0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than ze		line 1i, did the organiza	tion file Form 4720	Г	¬.,
reporting section 4911 tax for this					Yes No
(Some organizations t		eraging Period Under		of the five columns be	low
(Some organizations to		rate instructions for lin		or the live columns be	iow.
		nditures During 4-Yea			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	( <b>d)</b> 2022	(e) Total
2a Lobbying nontaxable amount	289,392.	297,362.	316,381.	425,331.	1,328,466.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,992,699.
c Total lobbying expenditures	2,801.	544.	4,317.	17,835.	25,497.
d Grassroots nontaxable amount	72,348.	74,341.	79,095.	106,333.	332,117.
Graceroote ceiling amount					

17,835. 17,835. Schedule C (Form 990) 2022

498,176.

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

# Schedule C (Form 990) 2022 THE MOUNTAINS TO SOUND GREENWAY TRUST 91-15312 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

f the lobbying activity.		Yes No		(b) No Amount	
the lobbying activity.	Yes				
1 During the year, did the filing organization attempt to influence foreign, national, state, or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?					
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	***				
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
<ul><li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li><li>i Other activities?</li></ul>					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	 otion F01/c\/	<u> </u>	otion		
art III A Complete if the organization is example under section 501(0)(4) se		J), UI SE	Clion		
art III-A Complete if the organization is exempt under section 501(c)(4), se					
art III-A Complete if the organization is exempt under section 501(c)(4), se 501(c)(6).			Yes	N	
art III-A Complete if the organization is exempt under section 501(c)(4), se 501(c)(6).			Yes	N	
Complete if the organization is exempt under section 501(c)(4), second 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?			Yes	N	
Complete if the organization is exempt under section 501(c)(4), second 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members?	om the prior year ction 501(c)(	2 ? 3 5), or se	ction	No 3, is	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes."	om the prior year ction 501(c)( red "No" OR	2 ? 3 5), or se (b) Part	ction		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes."  Dues, assessments and similar amounts from members	om the prior year ction 501(c)( red "No" OR	2 ? 3 5), or se (b) Part	ction		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes."  Dues, assessments and similar amounts from members	om the prior year ction 501(c)( red "No" OR	2 ? 3 5), or se (b) Part	ction		
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), see 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of part III-A)	om the prior year ction 501(c)( red "No" OR	2 ? 3 5), or se (b) Part	ction		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 161(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of prexpenses for which the section 527(f) tax was paid).  a Current year	om the prior year ction 501(c)( red "No" OR	2 3 5), or se (b) Part	ction		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of prexpenses for which the section 527(f) tax was paid).	om the prior year ction 501(c)( red "No" OR	2 3 5), or se (b) Part	ction		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of perpenses for which the section 527(f) tax was paid).  Current year Carryover from last year	om the prior year ction 501(c)( red "No" OR	2 3 5), or se (b) Part	ction		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of perspenses for which the section 527(f) tax was paid).  Current year Carryover from last year Carryover from last year	om the prior year ction 501(c)( red "No" OR	2 3 5), or se (b) Part	ction		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answerned "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of prexpenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures.	om the prior year ction 501(c)( red "No" OR colitical s e excess and political	2 3 5), or se (b) Part 1 2a 2b 2c 3	ction		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of preveneses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues and the amount on line 2c exceeds the amount on line 3, what portion of the section of the	om the prior year ction 501(c)( red "No" OR  political  s e excess and political	2 3 5), or se (b) Part 1 2a 2b 2c 3	ction		

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE MOUNTAINS TO SOUND GREENWAY TRUST

**Employer identification number** 91-1531234

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		imilar Funds o	or Accoun	ts. Complete if the
	organization answered Tee Sitt offit 600, Fart IV, IIII	(a) Donor advise	d funds	<b>(b)</b> Fun	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		ld in donor advise	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any	y other purpose c	onferring	
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	ition in the form o	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		ion, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	a enforcing conse	ervation ease	ments during the year
7	Amount of avances incorred in manitoring increasing hand	lling of violations, and ant	iavaina aanaamiati		to duving the year
7	Amount of expenses incurred in monitoring, inspecting, hand	illing of violations, and em	ording conservati	on easemen	is during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirement	s of soction 170/h	\(\(\(\D\)\(i\)	
0					Yes No
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation				
9	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	lote to the organization's	ililailciai stateillei	ilis illai desc	indes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Oth	ner Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	enue statement an	nd balance sh	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in fur	therance of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that desc	cribes these items	S	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and ba	alance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furthe	erance of put	olic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical trea			gain, provide	)
	the following amounts required to be reported under FASB A			- • •	
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

484,324.

31,004.

Schedule D (Form 990) 2022

4.582

 $\overline{2}$ 09,071

279,835.

26,422.

e Other

d Equipment

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

OLIVE TO CONTROL MILE MOUNTAIN	ia mo aoimid a	DEENWAY MOUGH 01	1521224 - 3
Schedule D (Form 990) 2022 THE MOUNTAIN Part VII Investments - Other Securities.	IS TO SOUND G.	REENWAY TRUST 91	1531234 Page 3
Complete if the organization answered "Yes" o	n 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 en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1)			
(2)			

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 900, Part V col. (b) line 15	

Part X Other Liabilities.

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

1.	1. (a) Description of liability			
(1)	Federal income taxes			
(2)	OPERATING LEASE LIABILTIES	220,569.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	220,569.		

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

Part	·		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		1 1	
1 -	Total revenue, gains, and other support per audited financial statements $$			1	5,752,972.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments		42,952. 21,915.		
b i	Donated services and use of facilities	2b	21,915.		
c l	Recoveries of prior year grants	2c			
d (	Other (Describe in Part XIII.)	2d	53,442.		
	Add lines <b>2a</b> through <b>2d</b>			2e	118,309.
3 3	Subtract line <b>2e</b> from line <b>1</b>			3	5,634,663.
4 /	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a I	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,769.		
<b>b</b> (	Other (Describe in Part XIII.)	4b			
c /	Add lines 4a and 4b			4c	5,769. 5,640,432.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	5,640,432.
Part	XII Reconciliation of Expenses per Audited Financial Sta		Expenses per F	Returi	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1 -	Total expenses and losses per audited financial statements			1	5,576,208.
2 /	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a I	Donated services and use of facilities	2a	21,915.		
b l	Prior year adjustments	2b			
	Other losses				
d (	Other (Describe in Part XIII.)	2d	53,442.		
е /	Add lines <b>2a</b> through <b>2d</b>			2e	75,357. 5,500,851.
3 3	Subtract line <b>2e</b> from line <b>1</b>			3	5,500,851.
4 /	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a I	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,769.		
b (	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	5,769. 5,506,620.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	)		5	5,506,620.
Part	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			; Part )	K, line 2; Part XI,
PAR	T XI, LINE 2D - OTHER ADJUSTMENTS:				
SPE	CIAL EVENT EXPENSES				53,442.
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:				
SPE	CIAL EVENT EXPENSES				53,442.
-					

## SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number THE MOUNTAINS TO SOUND GREENWAY TRUST 91-1531234 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

		of fundraising event contributions and gr	oss income on Form 990		· ·	
			(a) Event #1 SPRING BREAKFAST	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ā			(event type)	(event type)	(total number)	001. <b>(0)</b>
Revenue	1	Gross receipts	124,320.			124,320.
	2	Less: Contributions	70,878.			70,878.
	3	Gross income (line 1 minus line 2)	53,442.			53,442.
	4	Cash prizes				
S	5	Noncash prizes				
sued	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	26,835.			26,835.
ቯ		Entertainment				26 607
	9	Other direct expenses				26,607. 53,442.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I				0.
Pa	rt l	III Gaming. Complete if the organization	answered "Yes" on Form			
		\$15,000 on Form 990-EZ, line 6a.	<b>.</b>	<u>,                                      </u>		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Вe		Cross revenue				
	_	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
		ter the state(s) in which the organization condu	_	•		
		the organization licensed to conduct gaming a No," explain:	ctivities in each of these s	states'?		Yes No
IJ	- 11	ito, expiairi.				
		ere any of the organization's gaming licenses ro Yes," explain:	evoked, suspended, or te	rminated during the tax y	/ear?	Yes No
	_					
	_					

Sch	edule G (Form 990) 2022 THE MOUNTAINS TO SOUND GREENWAY TRUST 91-1	1531234	. Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	of If "Yes," enter the amount of gaming revenue received by the organization  of gaming revenue retained by the third party  If "Yes," enter name and address of the third party:		
C	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

232083 10-27-22 Schedule G (Form 990) 2022

Schedule G	(Form 990)	THE	MOUNTAINS	то	SOUND	GREENWAY	TRUST	91-1531234	Page 4
Part IV	(Form 990) Supplemental Infor	mation	(continued)						

## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990.

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

THE MOUNTAINS TO SOUND GREENWAY TRUST

 $\begin{array}{c} \textbf{Employer identification number} \\ 91-1531234 \end{array}$ 

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	<u>5</u> a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	<u>6a</u>		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099- compensation		C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JONATHAN HOEKSTRA	(i)	156,788.	0.	0.	7,839.	11,347.	175,974.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)							-	
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE MOUNTAINS TO SOUND GREENWAY TRUST

Employer identification number 91-1531234

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LANDSCAPE OF THE MOUNTAINS TO SOUND GREENWAY, ENSURING A LONG-TERM

BALANCE BETWEEN PEOPLE AND NATURE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WAS REVIEWED BY THE BOARD OPERATIONS COMMITTEE AND SUBSEQUENTLY

MADE AVAILABLE TO THE BOARD EXECUTIVE COMMITTEE FOR REVIEW AND COMMENT

PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH COVERED PERSON IS REQUIRED TO PROMPTLY AND FULLY DISCLOSE ALL MATERIAL FACTS OF EVERY ACTUAL OR POTENTIAL CONFLICT OF INTEREST:

- (I) EXISTING AT THE TIME WHEN HE/SHE BECOMES A COVERED PERSON; AND
- (II) THAT ARISES WHILE HE/SHE IS A COVERED PERSON, AT THE TIME SUCH ACTUAL OR POTENTIAL CONFLICT ARISES; AND
- (III) ANNUALLY THROUGH THE ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE

FORM 990, PART VI, SECTION B, LINE 15A:

SALARY DETERMINED IN ACCORDANCE WITH ANNUAL BUDGETING PROCESS AS APPROVED

BY THE BOARD OF DIRECTORS. ALL EMPLOYEES HAVE A REVIEW WITH THEIR DIRECT

SUPERVISOR. THE EXECUTIVE DIRECTOR DETERMINES COMPENSATION FOR ALL

EMPLOYEES. THE PRESIDENT OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE

EXECUTIVE DIRECTOR'S COMPENSATION ONCE A YEAR AND DETERMINES APPROPRIATE

COMPENSATION. THEY UTILIZE ARCHBRIGHT'S ANNUAL NON-PROFIT WAGE AND BENEFIT

SURVEY FOR COMPARABILITY.

Schedule O (Form 990) 2022	Page 2
Name of the organization THE MOUNTAINS TO SOUND GREENWAY TRUST	Employer identification number 91-1531234
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
FIELD CONTRACT/HEAVY EQUIPMENT:	
PROGRAM SERVICE EXPENSES	1,477,815.
MANAGEMENT AND GENERAL EXPENSES	8,178.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,485,993.
CONSULTING:	
PROGRAM SERVICE EXPENSES	532,554.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	532,554.
STEWARDSHIP LABOR:	
PROGRAM SERVICE EXPENSES	80,190.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	80,190.
OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	1,300.
MANAGEMENT AND GENERAL EXPENSES	•
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	1,300.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	
000010 10 00 00	Schodulo () (Form 990) 2022

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
4	FURNITURE	VARIOUS	SL	.000	:	16	31,004.				31,004.	23,807.		2,615.	26,422.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						31,004.				31,004.	23,807.		2,615.	26,422.
	MACHINERY & EQUIPMENT														
2	COMPUTERS	VARIOUS	SL	.000	:	16	91,578.				91,578.	91,680.		0.	91,680.
3	EQUIPMENT	VARIOUS	SL	.000	-	16	12,033.				12,033.	12,033.		0.	12,033.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						103,611.				103,611.	103,713.		0.	103,713.
	TRANSPORTATION EQUIPMENT														
1	VEHICLES	VARIOUS	SL	.000	:	16	380,713.				380,713.	142,826.		33,296.	176,122.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						380,713.				380,713.	142,826.		33,296.	176,122.
	* GRAND TOTAL 990 PAGE 10 DEPR						515,328.				515,328.	270,346.		35,911.	306,257.