rm <b>990</b>
rm 33

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

OMB No. 1545-0047

2023

		t of the Treasury venue Service		Do no Go to w	ot enter www.irs	social secu .gov/Form9	rity numbers	on this for ructions	rm as it ma and the la	y be made atest inf	e public. ormation	1.		Open to Public Inspection
Α	For t	he 2023 calenc	lar year, or tax y			<u> </u>			2023, an			/30		, <b>20</b> 2024
в	Check	if applicable:	С		-		-					D Emplo	oyer ide	entification number
	A	ddress change	The Mounta	ains	to S	Sound	Greenwa	av Tru	st			91-	-153	1234
		lame change	2701 1st 2					1				E Telepl		
		nitial return	Seattle, N	WA 98	3121							(20	)6)	382-5565
	Fi	inal return/terminated											/	
		mended return										<b>G</b> Gross	receipt	s\$ 3,625,190.
		pplication pending	F Name and addr	ess of prir	ncipal of	fficer: Tor	nathan	Hooke	tra		H(a) Is this	s a group retur		
			Same As C	Abov	ve	0.01	laciiaii	HOEKS	LIA		H(b) Are a	all subordinate o," attach a lis	s inclu	ded? Yes No
ī	Tax	-exempt status:	X 501(c)(3)	501(c)		) (	insert no.)	4947(	a)(1) or	527	IT INC	o," attach a lis	st. See	instructions.
J	We	bsite: ww	w.mtsgreer	wav.	ora						H(c) Group	p exemption i	number	
ĸ	Forr	n of organization:	X Corporation	Trust	T	Association	Other		L Yea	r of formati				of legal domicile: WA
Pa	art I	Summar	v											
	1	Briefly describ	be the organizati	ion's mi	ssion	or most s	ignificant a	activities:	The I	Mount	ains t	to Sour	nd G	Freenway Trust
a														he Mountains
Ŭ		to Sound	Greenway,	ens	urin	ng a lo	ong-ter	m bala	ance b	etwee	en peo	ple an	d na	ature.
Governance														
0 N	2	Check this bo					ed its oper							
ত অ	-		ting members of dependent voting											•
es	4		of individuals er	-		-		-	-					
Activities &	6		of volunteers (e			-							-	41
Acti	-		d business reve											
-			business taxab											01
												Prior Year		Current Year
	8	Contributions	and grants (Par	rt VIII, li	ine 1h	)						5,567,	318	. 3,507,131.
Revenue	9	Program serv	ice revenue (Pa	rt VIII, I	line 2g	g)							431	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 44, 3												
č	11		e (Part VIII, colu										348	
	12		- add lines 8 t	-								5,640,	432	. 3,625,190.
	13		milar amounts p			-	-							
	14		to or for member											
ŝ	15	Salaries, othe	er compensation	, emplo	yee be	enefits (Pa	art IX, colu	mn (A),	lines 5-10	))		2,363,	676	. 2,701,722.
Expenses	16a	Professional f	fundraising fees	(Part I)	<, colu	ımn (A), İ	ine 11e)							
xpe	b	Total fundrais	ing expenses (P	Part IX,	colum	ın (D), line	e 25)		297	,380.				
Ш	17	Other expense	es (Part IX, colu	umn (A)	, lines	; 11a-11d,	- 11f-24e) .					3,142,	944	. 1,349,932.
	18	Total expense	es. Add lines 13-	-17 (mu	st equ	ial Part IX	, column (	A), line 2	5)			5,506,		
	19	Revenue less	expenses. Subt	tract line	e 18 fr	rom line 1	2					133,		
γş											Beginn	ing of Curre		
sets Ilanç	20		Part X, line 16)									4,814,	948	. 4,389,844.
Net Assets or Fund Balances	21	Total liabilities	s (Part X, line 2	6)								645,	825	. 570,005.
E Ret	22	Net assets or	fund balances.	Subtrac	ct line	21 from li	ne 20					4,169,	123	. 3,819,839.
Pa	art II	Signatur	e Block									_,,		
Unde com	er penal plete. D		are that I have examin rer (other than officer	ned this ret r) is based	urn, inclu 1 on all i	uding accomp information o	panying schedu of which prepa	les and state rer has any	ements, and knowledge.	to the best	of my knowl	edge and beli	ef, it is t	rue, correct, and
Sig	an	Signature of	officer								Date			
He	re	Jonath	nan Hoekst	ra						E	lxecut	ive Di	r.	

	Type or print name a	ind title										
	Print/Type preparer'	s name		Preparer's sig	nature			Date	Check	if	PTIN	
Paid	Zoe Joens	, CPA,	MSTax	Zoe Joe	ens, C	PA,	MSTax	5/15/25	self-employ	ed	P02389255	
Preparer	parer Firm's name JACOBSON LAWRENCE & ASSOCIATES PLLC											
Use Only	Firm's address	200 FI	RST AVE	Firm's EIN 82-5419537								
		SEATTL	E, WA 9	8119					Phone no.	909	-593-7431	
May the IRS of	discuss this retu	rn with the	preparer s	hown above	? See ins	structi	ons				X Yes	No
BAA For Pap	perwork Reducti	on Act Not	tice, see th	e separate i	nstructio	ons.		TEEA0101L 08/	23/23		Form <b>990</b>	(2023)

Form	n 990 (2023) The Mountains to Sound Greenway Trust	91-1531234	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this P	art III	
1			
	The Mountains to Sound Greenway Trust leads an	<u>d inspires action to conserve an</u>	<u>id</u>
	enhance the landscape of the Mountains to Soun	d Greenway, ensuring a long-term	1
	balance between people and nature.		
2	Did the organization undertake any significant program services during the y		[]
	Form 990 or 990-EZ?	Yes	X No
2	If "Yes," describe these new services on Schedule O.		37 81-
3	Did the organization cease conducting, or make significant changes in how i If "Yes," describe these changes on Schedule O.	conducts, any program services? Yes	S X No
	Describe the organization's program service accomplishments for each of its	three largest program convises on measured by av	20200
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amo	unt of grants and allocations to others, the total expe	enses. enses,
	and revenue, if any, for each program service reported.		
	· · · · · · · · · · · · · · · · · · ·		
4a	a (Code:) (Expenses \$ 1,799,730. including grants o		)
	Field Programs: The Greenway Trust's Field Programs		ogical
	restoration and recreational trail projects the		
	includes_completing significant_ecological_res		
	public land in active restoration) in partners		and the
	cities of Issaquah, Seattle, Shoreline, Burien partners. More than 16,000 native trees and sh		
	recreational projects included completing majo		^
	popular Rattlesnake Ledge Trail, completing and		
	Trail-Head in the Middle Fork Snoqualmie Valle		
	maintenance on nearly 80 miles of trail.		·
4b	b (Code: ) (Expenses \$ 959,366. including grants o	\$) (Revenue \$	16,395.)
	Conservation & Partnerships: The Greenway Trus		
	Mountains to Sound Greenway National Heritage		
	support land conservation and regional recreat	ion throughout the Greenway NHA	
	facilitating land conservation transactions be	tween willing sellers and buyers	\$,
	supporting sustainable land use and land manage	ement, and pursuing opportunitie	s_to
	fill in regional trail gaps. The Greenway Trus	t continues to strengthen its ef	forts
	in the eastern half of the Greenway, supporting		
	Towns-to-Teanaway Trail Network, planning and		
	Forest, the East_Cascades_recreation_partnersh	ip_and_the_checkerboard_partners	ship
	planning_committee		
A.	c (Code: ) (Expenses \$ 639,055. including grants o	\$) (Revenue \$	
40	·		)
	Other Program Services: The Greenway Trust's E environmental education to students throughout		ovide
	internship opportunities focused on water qual		
	Incernship opporcunicies rocused on water quar		<u>.011.</u>
4d	d Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$	) (Revenue \$	)
	e Total program service expenses 3,398,151.		
BAA	A TEEA0102L 08/23/23	For	m <b>990</b> (2023)

Form 990 (2023) The Mountains to Sound Greenway Trust
Part IV Checklist of Required Schedules

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

Form 990 (2023)The Mountains to Sound Greenway TrustPart IVChecklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	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		Х
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
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? <i>If "Yes," complete Schedule L, Part III</i>	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).			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash 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? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Х
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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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? <i>If "Yes," complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Х	
Par	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		Yes	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	

Form	990 (2023) The Mountains to Sound Greenway Trust 91-153123	4	F	Page 5
Par	<b>V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
L.	ments, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 41 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Х	
		2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
	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		Х
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).			V
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	-	<b>5</b> c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
Ь	Form 8282?	7c		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	79		
0	Form 1098-C?	7h		
8	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
	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		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	-		
	Gross income from members or shareholders			
b	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 12b			
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		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	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		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
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		

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 54 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.			
	Enter the number of voting members included on line 1a, above, who are independent <b>1b</b> 53			
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		X
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		X
-	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5 6		X X
6 70	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or more	0		
7a	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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Code	<u>.)</u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
110		11a	Х	
		11a	Х	
b		11a 12a	X X	
b 12a	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
b 12a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Did the organization have a written conflict of interest policy? <i>If "No," go to line 13.</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.	12a 12b	X X	
b 12a b c	Describe on Schedule O the process, if any, used by the organization to review this Form 990.       See Schedule O         Did the organization have a written conflict of interest policy?       If "No," go to line 13.         Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?         Did the organization regularly and consistently monitor and enforce compliance with the policy?       If "Yes," describe on Schedule O how this was done See Schedule O	12a 12b 12c	X X X	
b 12a b c 13	Describe on Schedule O the process, if any, used by the organization to review this Form 990.       See Schedule O         Did the organization have a written conflict of interest policy?       If "No," go to line 13.         Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       Did the organization regularly and consistently monitor and enforce compliance with the policy?       If "Yes," describe on Schedule O how this was done See . Schedule .O         Did the organization have a written whistleblower policy?       Did the organization have a written whistleblower policy?	12a 12b 12c 13	X X X X X	
b 12a b c 13 14	Describe on Schedule O the process, if any, used by the organization to review this Form 990.       See Schedule O         Did the organization have a written conflict of interest policy?       If "No," go to line 13.         Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       Did the organization regularly and consistently monitor and enforce compliance with the policy?       If "Yes," describe on Schedule O how this was done See Schedule.O         Did the organization have a written whistleblower policy?       Did the organization have a written document retention and destruction policy?	12a 12b 12c	X X X	
b 12a b c 13 14 15	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c 13	X X X X X	
b 12a b c 13 14 15	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Did the organization have a written conflict of interest policy? <i>If "No," go to line 13.</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on</i> <i>Schedule O how this was done</i> See Schedule.O Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	12a 12b 12c 13	X X X X X	
b 12a b 13 14 15 a	Describe on Schedule O the process, if any, used by the organization to review this Form 990.       See Schedule O         Did the organization have a written conflict of interest policy?       If "No," go to line 13.         Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       Did the organization regularly and consistently monitor and enforce compliance with the policy?       If "Yes," describe on Schedule O how this was done         Did the organization have a written whistleblower policy?       Did the organization have a written whistleblower policy?       Did the organization have a written document retention and destruction policy?         Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       The organization's CEO, Executive Director, or top management official See. Schedule .0         Other officers or key employees of the organization       Other official See. Schedule .0	12a 12b 12c 13 14	X X X X X X	
b 12a b 13 14 15 a	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c 13 14 15a	X X X X X X	
b 12a b c 13 14 15 a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.       See Schedule O         Did the organization have a written conflict of interest policy?       If "No," go to line 13.         Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       Did the organization regularly and consistently monitor and enforce compliance with the policy?       If "Yes," describe on Schedule O how this was done         Did the organization have a written whistleblower policy?       Did the organization have a written whistleblower policy?       Did the organization have a written document retention and destruction policy?         Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       The organization's CEO, Executive Director, or top management official See. Schedule .0         Other officers or key employees of the organization       Other official See. Schedule .0	12a 12b 12c 13 14 15a	X X X X X X	x x
b 12a b 13 14 15 a b 16a	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Did the organization have a written conflict of interest policy? <i>If "No," go to line 13.</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on</i> <i>Schedule O how this was done</i> See Schedule. O. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official SeeSchedule .O. Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	12a 12b 12c 13 14 15a 15b	X X X X X X	
b 12a b c 13 14 15 a b 16a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> See Schedule O. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official See Schedule . O	12a 12b 12c 13 14 15a 15b	X X X X X X	
b 12a b c 13 14 15 a b 16a b <u>Sec</u>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c 13 14 15a 15b 16a	X X X X X X	
b 12a b c 13 14 15 a b 16a b <u>Sec</u> 17	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c 13 14 15a 15b 16a 16b	X X X X X X	
b 12a b c 13 14 15 a b 16a b <u>Sec</u> 17	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c 13 14 15a 15b 16a 16b	X X X X X X	

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records. Jessica Adair 2701 1st Ave, Suite 240 Seattle WA 98121 (206) 382-5565

Χ

91-1531234

Form 990 (2023) The Mountains to Sound Greenway Trust	91-1531234	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	ompensated Employees, an	d						
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 Compens	sated Employees							
1a Complete this table for all persons required to be listed. Report compensation for the calendar year e	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.

*(***^**)

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

					(C						
	(A) Name and title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	box.	unles	s per	more rson is	than of s both r/truster employee	an	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)	Jonathan Hoekstra	40									
I	Executive Dir.	0	X		Х				161,307.	0.	20,695.
_ <b>(2)</b> _}	Amy_Brockhaus	_40_									
	Deputy Director	0					Х		124,626.	0.	14,625.
_(3) _	Forvald_Bell	_40_									
	Stewardship & Ops	0					Х		116,204.	0.	20,554.
_(4)_1	Michael_Woodsum	_40_									
I	Development Dir.	0					Х		111,804.	Ο.	14,014.
<b>(5)</b>	Alison Washburn	2									
I	President	0	X		Х				0.	Ο.	0.
(6)	Josh_Lipsky	2									
	Vice President	0	Х		Х				0.	0.	0.
_(7)_ S	Sharon Linton	2									
	Secretary	0	Х		Х				0.	0.	0.
(8)	Amanda O'Rourke	2									
r	Ireasurer	0	X		Х				0.	Ο.	0.
<b>(9)</b> ]	Kristin Bail	0.5									
I	Director	0	X						0.	Ο.	0.
<b>(10)</b> I	Dow Constantine	0.5									
Ī	Director	0	X						0.	0.	0.
<b>(11)</b> ]	Diana Dupuis	0.5									
I	Director	0	X						0.	0.	0.
<b>(12)</b>	Hilary Franz	0.5									
I	Director	0	X						0.	0.	0.
(13)	Narren Jimenez	0.5									
<u>ī</u>	Director	0	X						0.	0.	0.
(14)	Roger Millar	0.5									
	Director	0	X						0.	0.	0.
BAA		TEEA0	107L	08/23	3/23						Form <b>990</b> (2023)

## Form 990 (2023) The Mountains to Sound Greenway Trust

91-1531234

Page 8

	T VII Section A. Officers, Directors, 1rd	15(005,			•	C)		un	u nightst ool		
	(A) Name and title	(B) Average hours per week (list any hours for related organiza- tions below	box.	not che unless er and	Posi eck r s per	tion nore son i recto	than of s both r/trust employee	an	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		dotted line)	ıstee	trustee		Ж	pensated				
(15)	Jody Weil	_ <u>0.5</u> _ 0	X						0.	0.	0.
(16)	Marie Quasius	_0.5_	·v						0	0	
(17)	Director Ken Krivanec Director	0 _0.5_ 0	X						0.	0.	0.
(18)	Douglas_McClelland	_0.5_	X						0.	0.	0.
(19)	Cathy Baker	_0.5_							0.	0.	0.
(20)	Director	0	X						0.	0.	0.
(20)	_Jim_Becker Director	_0.5_ 0	X						0.	0.	0.
(21)	Laurie Benson	_0.5_									
(22)	Director	0	X						0.	0.	0.
(22)	_Gary_Berndt Director	_0.5_ 0	X						0.	0.	0.
(23)	Mark Boyar	0.5							0.		
	Director	0	X						0.	0.	0.
(24)	Jason Broenneke Director	_ <u>0.5</u> _ 0	X						0	0.	0
(25)	Allison Capen	0.5	_ A						0.	0.	0.
<u> </u>	Director	0	X						0.	0.	0.
1b	Subtotal								513,941.	0.	69,888.
С	Total from continuation sheets to Part VII, Section	<b>1 A</b>							0.	0.	0.
d	Total (add lines 1b and 1c)								513,941.	0.	69,888.
2	Total number of individuals (including but not limite from the organization 4	ed to thos	e list	ed al	bov	e) w	ho re	eceiv	ved more than \$10	0,000 of reportable	compensation Yes No
3	Did the organization list any <b>former</b> officer, director on line 1a? If "Yes, "complete Schedule J for such										. <b>3</b> X
4	For any individual listed on line 1a, is the sum of r the organization and related organizations greater <i>such individual</i>	eportable than \$150	comj ),000	oens ? <i>If</i>	atio "Ye	on ar es, "	nd oth <i>com</i> p	ner <i>blet</i> e	compensation fror e Schedule J for	n	. <b>4</b> X
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes,</i>	compensa ," <i>comple</i>	ation <i>te Sc</i>	from hedu	ı an ı <i>le</i> .	iy ur J for	nrelat <i>such</i>	ed o <i>pe</i>	organization or ind	ividual	. <b>5</b> X
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization. Report comp	ited indep ensation f	ende or th	nt co e cal	ontra end	acto lar y	rs tha 'ear e	at re endi	eceived more than ng with or within th	\$100,000 of ne organization's tax	year.
	(A) Name and business addre								(B) Description of		(C) Compensation
Bac	woods Contracting 50 Innis Creek Road	Acme, Wi	A 98	220					Construction		119,383.
2	Total number of independent contractors (including \$100.000 of compensation from the organization	g but not	limite	d to	thos	se li	sted a	abo	ve) who received r	nore than	

### **Continuation Sheet for Form 990**

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the Organization

	Employler Identification number
	91-1531234
tees, Key Employees, and	

	-								01 1501004		
The Mountains to Sound Gr					K.				91-1531234		
Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											
(A)			osition	(do not	check	more that	n one	(D)	(E)	(F)	
Name and title	(6)	a		ess pers rector/t		both an of )	ficer	Reportable		Estimated	
	Average hours per	Individual trustee or director	Inst	Officer	Key	Higi emp	Former	compensation from the organization	Reportable compensation from related organizations	amount of other compensation	
	(list any	lirec	Institutional trustee	<u>e</u> r	Key employee	nest ploye	mer	(W-Ž/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	from the organization	
	hours for related	tor tr	onal		ploy	con e				and related organizations	
	organiza- tions	uste	trus		Ŕ	npen				5	
	below dotted line)	l R	stee			Highest compensated employee					
(1) Susan Carlson	0.5					ä					
Director	$-\frac{0.5}{0}$	x						0.	0.	0.	
(2) Bill Chapman	0.5								0.		
Director	$ \frac{0.0}{0}$	x						0.	0.	0.	
(3) Kitty Craig	0.5										
Director	$ \frac{0}{0}$	X						0.	0.	0.	
(4) Deloa Dalby	0.5										
Director		X						0.	0.	0.	
(5) Bob Ellis	0.5										
Director	0	X						0.	0.	0.	
(6) Karl Forsgaard	0.5										
Director	0	X						0.	0.	0.	
(7) Kurt Fraese	0.5										
Director	0	X						0.	0.	0.	
(8) Jim Freeburg	0.5										
Director	0	X						0.	0.	0.	
(9) Robin Freedman	0.5										
Director	0	Х						0.	0.	0.	
(10) Lindsay Frickle	0.5_	ļ									
Director	0	X						0.	0.	0.	
(11) Jen Gradisher	0.5_	ļ									
Director	0	Х						0.	0.	0.	
(12) Matthew Grimm	0.5_	ļ									
Director	0	X						0.	0.	0.	
(13) Laura Hoffman	0.5_	ļ									
Director	0	X						0.	0.	0.	
(14) Katherine Hollis	0.5_	ļ								_	
Director	0	X	-					0.	0.	0.	
(15)_Mitsu_Iwasaki	0.5_	- -						0		0	
Director	0	X						0.	0.	0.	
(16) Cameron Janes	0.5_	- -						0		0	
Director	0	X						0.	0.	0.	
(17) Andrew Kenefick	0.5_	v						0		0	
Director	0	X						0.	0.	0.	
(18) Melanie Kitzan Director	0.5	X						0.		0	
(19) Janet Knox	0.5							0.	0.	0.	
Director	$ \frac{0.5}{0}$	X						0.	0.	0.	
(20) Ken Konigsmark	0.5		-					υ.	0.	0.	
Director	$ \frac{0.5}{0}$	X						0.	0.	0.	
(21) Yvonne Kraus	0.5		-					0.	0.	0.	
Director	$ \frac{0.5}{0}$	X	1					0.	0.	0.	

Form 990 Cont 2023

### **Continuation Sheet for Form 990**

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the Organization

	Employler Identification	number
	91-1531234	
, Key Employees, and		

	п		_										
The Mountains to Sound Gr					K		anla	waac and	91-1531234				
Part VII Continuation: Officers Highest Compensated	Employed	s, irl es	iste	es,	r\6	∋y ⊏n	npio	byees, and					
(A)	(B)		Position	(do not	check	k more that both an of	n one ficer	(D)	(E)	(F)			
Name and title	Average hours per week (list any hours for related organiza- tions below	Individual trustee or director	Institutional trustee	rector/t	Key employee	Highest compensated	Former	Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations			
	dotted line)		Ř			ated							
(1) Daniel Levine	0.5_	ļ											
Director	0	X						0.	0.	0.			
(2) Rachel Lodge	0.5_	ļ											
Director	0	Х						0.	0.	0.			
(3) Elizabeth Lunney	0.5_	ļ											
Director	0	Х						0.	0.	0.			
_(4)_Benjamin_Mayer	0.5_	ļ											
Director	0	Х						0.	0.	0.			
(5) Roberta McFarland	0.5												
Director	0	X						0.	0.	0.			
(6) Chad Nesland	0.5												
Director		X						0.	0.	0.			
(7) Thomas O'Keefe	0.5												
Director		X						0.	0.	0.			
(8) Charlie Raines	0.5												
Director		X						0.	0.	0.			
(9) James Reinhardsen	0.5												
Director		X						0.	0.	0.			
(10) Vikram Sahney	0.5												
Director		X						0.	0.	0.			
(11) Katherine Schaefer	0.5												
Director		X						0.	0.	0.			
(12) Meredith Shank	0.5												
Director		X						0.	0.	0.			
(13) Al Smith	0.5												
Director	$ \frac{0}{0}$	x						0.	0.	0.			
(14) Christopher Thomas	0.5												
Director		x						0.	0.	0.			
(15) Harry Thomas	0.5							0.	0.	0.			
Director	$ \frac{0.5}{0}$	x						0.	0.	0.			
(16) Leah Tivoli	0.5							0.	0.	0.			
Director	$ \frac{0.5}{0}$	X						0.	0.	0.			
(17) Adam Torem	0.5							0.	0.	0.			
Director	$ \frac{0.3}{0}$	X						0.	0.	0			
	0		-					υ.	0.	0.			
(18)		ł											
(19)		ł											
(20)		+	$\left  \right $										
(21)													
		Ĭ	L										
										orm <b>990</b> Cont 20			

## Form 990 (2023) The Mountains to Sound Greenway Trust

Part VIII Statement of Revenue

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

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Page 9

							<b>(A)</b> Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1.	Federated campaig	nc		1a			revenue		512-514
stri stri	la b	Membership dues .			1b					
- Ba	D	Fundraising events			10 1c					
βÌ	C ام	Related organizatio			1d					
i di	a									
Si js	e f	Government grants (cont All other contributions, g			1e	2,003,989.				
je je		similar amounts not incl			1f	1,503,142.				
₽ġ₽	g	Noncash contributions in	nclude	ed in	1					
Contributions, Gifts, Grants, and Other Similar Amounts	<b>h</b>	lines 1a-1f Total. Add lines 1a-			1g	1,422.	2 5 0 7 1 2 1			
		Total. Auu lines Ta-	• 11			Business Code	3,507,131.			
ňu	2a	Field Tring				712190	16,395.	16,395.		
eve	b	<u> </u>				/12190	10,395.	10,395.		
е Н										
Ň	d d									
Š	e									
lran	f	All other program s	ervic	e revenue	- — —					
Program Service Revenue		Total. Add lines 2a-					16,395.			
	3						10,353.			
	other similar amounts)						87,854.			87,854.
	4	Income from invest	ment	t of tax-ex	empt	bond proceeds	,			,
	5	Royalties								
				(i) R	eal	(ii) Personal				
	6a	Gross rents	6a	13	,810	•				
		Less: rental expenses	6b							
	c	Rental income or (loss)	6c	13	,810					
	d	Net rental income of	or (lo	· ·			13,810.			13,810.
	7a	Gross amount from		(i) Secu	urities	(ii) Other				
		sales of assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b							
		Gain or (loss)	7c							
		Net gain or (loss)								
nue	8a	Gross income from fundi	raisin	g events						
		(not including \$ of contributions reported	l on li	no 1c)	_					
ě		See Part IV, line 18			8	-				
5	h	Less: direct expens			8		-			
Other Reve		Net income or (loss			-					
0					g C					
	за	Gross income from gami See Part IV, line 19	niy ac 		9	a				
	b	Less: direct expens			9					
	c	Net income or (loss	) fro	m gaming	activi	ities				
	10a	Gross sales of inventory	less							
		Gross sales of inventory, returns and allowances.			10	la				
	b	Less: cost of goods	solo	1	10	lb				
	С	Net income or (loss	) fro	m sales o	f inver	ntory				
S						Business Code				
ତ୍ରି ଶ	11a b c d									
an	b									
le sel	C									
Miscellaneous Revenue										
2		Total. Add lines 11a								
	12	Total revenue. See	instr	ructions			3,625,190.	16,395.	0.	101,664.

	Check if Schedule O contains a res	•			X
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	182,001.	150,304.	30,420.	1,277.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	2,010,758.	1,630,927.	189,178.	190,653.
-	Pension plan accruals and contributions	2,010,756.	1,030,927.	109,170.	190,055.
8	(include section 401(k) and 403(b) employer contributions)	83,937.	66,001.	8,370.	9,566.
9	Other employee benefits	180,504.	160,541.	8,312.	11,651.
10	Payroll taxes	244,522.	208,302.	18,160.	18,060.
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting.	63,665.		63,665.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	6,258.		6,258.	
g 12	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0. S. Ch. O Advertising and promotion	469,941.	454,914.	15,027.	
13	Office expenses	202,880.	177,364.	11,760.	13,756.
14	Information technology	202,000.	177,504.	11,700.	15,750.
15	Royalties				
16	Occupancy.				
17	Travel	57,567.	55,418.	207.	1,942.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		,		
19	Conferences, conventions, and meetings	146,397.	111,299.	1,301.	33,797.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	40,970.	40,970.		
23	Other expenses. Itemize expenses not	40,538.	35,065.	3,000.	2,473.
24	covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a	Field_Project_Materials	139,902.	139,902.		
	Contributions to Partners	132,143.	132,143.		
c		32,561.	18,647.	93.	13,821.
d	Professional_Development	15,691.	15,158.	149.	384.
	All other expenses	1,419.	1,196.	223.	
25	Total functional expenses. Add lines 1 through 24e	4,051,654.	3,398,151.	356,123.	297,380.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
					Farma 000 (2022)

#### Form 990 (2023) The Mountains to Sound Greenway Trust

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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## Form 990 (2023) The Mountains to Sound Greenway Trust

					<b>(A)</b> Beginning of year		(B)
					Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing			306,830.	1	315,06
	2	Savings and temporary cash investments			436,849.	2	441,50
	3	Pledges and grants receivable, net			114,150.	3	39,00
	4	Accounts receivable, net			1,391,812.	4	985,01
	5	Loans and other receivables from any current or forme trustee, key employee, creator or founder, substantial of controlled entity or family member of any of these pers	r officer, d contributor ons	lirector, r, or 35%		5	
		Loans and other receivables from other disqualified per section 4958(f)(1)), and persons described in section 49		r		6	
		Notes and loans receivable, net.				7	
		Inventories for sale or use				8	
				-	77 000	9	<u> </u>
		Prepaid expenses and deferred charges	 		77,809.	9	60,82
1	1 <b>0</b> a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	515,328.			
	h	Less: accumulated depreciation		347,227.	209,071.	10c	168,10
.		Investments – publicly traded securities		,	2,068,603.	11	2,222,64
		Investments – other securities. See Part IV, line 11		ł	2,000,003.	12	2,222,04
		Investments – program-related. See Part IV, line 11		ł		13	
		Intangible assets				14	
		Other assets. See Part IV, line 11		ł	209,824.	15	157,68
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 3.	ł	4,814,948.	16	4,389,84	
			-				
		Accounts payable and accrued expenses		378,240.	17	368,48	
		Grants payable	1		18		
		Deferred revenue		-	47,016.	19	32,46
		Tax-exempt bond liabilities		-		20	
2		Escrow or custodial account liability. Complete Part IV		-		21	
		Loans and other payables to any current or former offic key employee, creator or founder, substantial contribut controlled entity or family member of any of these pers	or, or 35%	, o		22	
	23	Secured mortgages and notes payable to unrelated thir	d parties			23	
1	24	Unsecured notes and loans payable to unrelated third p	arties			24	
2	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Compl	to related ete Part X	I third parties,	220,569.	25	169,00
:		Total liabilities. Add lines 17 through 25			645,825.	26	570,00
-		Organizations that follow FASB ASC 958, check here	Σ		040,020.		570,00
		and complete lines 27, 28, 32, and 33.	2	1			
1	27	Net assets without donor restrictions			3,252,134.	27	2,877,24
1	28	Net assets with donor restrictions			916,989.	28	942,59
		Organizations that do not follow FASB ASC 958, chec and complete lines 29 through 33.	k here				
		Capital stock or trust principal, or current funds	·		29		
		Paid-in or capital surplus, or land, building, or equipme	1		30		
		i and in or capital surplus, or land, building, of Equipine	int iunu				
				21			
	31	Retained earnings, endowment, accumulated income, or Total net assets or fund balances		L	4,169,123.	31 32	3,819,83

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TEEA0111L 08/23/23

Form 990 (2023)

Form	990 (2023) The Mountains to Sound Greenway Trust 91-1	153123	1	Pa	age <b>12</b>
Par	t 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	3,6	25,1	L90.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,0	51,6	554.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4	26,4	164.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,1	69,1	L23.
5	Net unrealized gains (losses) on investments	5		77,1	L80.
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	3,8	19,8	339.
Par	t 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 O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both.	n a			
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         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 a review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Unif Guidance, 2 C.F.R. Part 200, Subpart F?	orm	3a		X
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		3b		
BAA	TEEA0112L 08/23/23		Form	<b>990</b> (	(2023)

		Public Charit	Public Charity Status and Public Support								
SCHEDULE A (Form 990)	Co	nplete if the organizat 4947(a	; ion is a section 501(c)( )(1) nonexempt charita	3) organ ble trust	ization o		2023				
			h to Form 990 or Form				Open to Public				
Department of the Treasury Internal Revenue Service	G	io to www.irs.gov/Fori	<i>m</i> 990 for instructions a	nd the la	atest info	ormation.	Inspection				
Name of the organization						Employer identifica	tion number				
The Mountains											
Part I Reason for							ons.				
2 A school desc 3 A hospital or a	vention of churc ribed in <b>section</b> a cooperative ho earch organizat	ches, or association of 1170(b)(1)(A)(ii). (Atta Dispital service organiza	churches described in ch Schedule E (Form 9 ation described in <b>sec</b> t	section 90).) tion 170(	i 170(b)( b)(1)(A)	1)(A)(i).	er the hospital's				
5 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.)											
	te, or local gove	rnment or government	al unit described in se	ection 17	'0(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.)										
			)(vi). (Complete Part II.								
9 An agricultura or university o university:	or a non-land-gra	ant college of agricultu	section 170(b)(1)(A)(ix) re (see instructions). E	nter the	d in conj name, c	iunction with a land-gran ity, and state of the coll	nt college lege or 				
from activities investment in June 30, 1975	tion that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts as related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross neome and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 75. See section 509(a)(2). (Complete Part III.)										
	-		to test for public safety								
ines 12a thro	cly supported or ugh 12d that des	ganizations described scribes the type of sup	in section 509(a)(1) or porting organization an	d comple	<b>509(a)(</b> ete lines	, , , , ,	). Check the box on				
organization(s)	porting organiza b) the power to r t <b>IV, Sections A</b>	equiarly appoint or ele	sed, or controlled by its ct a majority of the dire	support ectors or	ed orgar trustees	nization(s), typically by of the supporting organ	giving the supported nization. You must				
management	porting organization of the supporting the supporting the support of the support	g organization vested i	ntrolled in connection w in the same persons the	ith its su at contro	pported I or mar	organization(s), by hav hage the supported orga	ing control or inization(s). You				
c Type III functi	ionally integrate	ed. A supporting organ	ization operated in con	nection v	vith, and	I functionally integrated	with, its supported				
d Type III non-fr functionally in	unctionally intentionally intentionally intentional tegrated. The or	arated. A supporting o	rganization operated in nust satisfy a distributio	connect	ion with	its supported organizat nd an attentiveness req	ion(s) that is not				
e Check this bo	• x if the organiza	,	determination from the	IRS tha	t it is a <sup>·</sup>	Type I, Type II, Type III	functionally				
f Enter the number	r of supported o	rganizations									
	<u> </u>	about the supported o	• • • •	1							
(i) Name of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
				Yes	No						
(A)											
(B)											
(C)											
(D)											
(E)											

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the

(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 organization fails to qualify under the tests listed below, please complete Part III.)

#### Section A. Public Support

			1		1		1
	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,485,910.	3,269,154.	3,609,370.	5,567,318.	3,507,131.	18,438,883.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 5	<b>Total.</b> Add lines 1 through 3 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)	2,485,910.	3,269,154.	3,609,370.	5,567,318.	3,507,131.	18,438,883.
6	Public support. Subtract line 5 from line 4						18,241,755.
Sec	tion B. Total Support		I	I	I	I	
Cale	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
7	Amounts from line 4	2,485,910.	3,269,154.	3,609,370.	5,567,318.	3,507,131.	18,438,883.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	32,972.	32,067.	33,544.	57,683.	101,664.	257,930.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						18,696,813.
12	Gross receipts from related activi	ties, etc. (see inst	ructions)				50,920.
13	First 5 years. If the Form 990 is f organization, check this box and	or the organization stop here	n's first, second, tl	nird, fourth, or fifth	n tax year as a sec	ction 501(c)(3)	
Sec	tion C. Computation of Pu	Iblic Support	Percentage				
	Public support percentage for 20		••••••				97.57 %
15	Public support percentage from 2	2022 Schedule A, I	Part II, line 14				95.24 %
16a	<b>33-1/3% support test</b> - <b>2023.</b> If the and <b>stop here.</b> The organization	ne organization did qualifies as a publ	not check the box icly supported org	on line 13, and li	ne 14 is 33-1/3%	or more, check th	is box
b	33-1/3% support test-2022. If the and stop here. The organization	e organization did qualifies as a pub	not check a box o licly supported org	n line 13 or 16a, a janization	and line 15 is 33-1.	/3% or more, che	ck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization r the organization meets the facts-	neets the facts-an	d-circumstances t	est, check this box	and stop here.	Explain in Part V	I how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization r organization meets the facts-and	neets the facts-an -circumstances tes	d-circumstances t st. The organizatio	est, check this boy on qualifies as a pr	and stop here.	Explain in Part V organization	I how the
18	Private foundation. If the organiz	ation did not chec	k a box on line 13	, 16a, 16b, 17a, o	r 17b, check this t	box and see instru	uctions

# Schedule A (Form 990) 2023 The Mountains to Sound Greenway Trust 91-1531234 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.) 91-1531234

Sec	tion A. Public Support							
	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	3	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support				1			
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3	(f) Total
-	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
с 11	Add lines 10a and 10b 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 organization, check this box and							
Sec	tion C. Computation of Pu	blic Support I	Percentage					
15	Public support percentage for 202						15	010
16	Public support percentage from 2						16	010
	tion D. Computation of Inv							-
17	Investment income percentage for	•		-			17	0/0
18	Investment income percentage fro						18	010
	<b>33-1/3% support tests – 2023.</b> If the is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies as	a publicly suppor	ted organiza	tion	
	<b>33-1/3% support tests</b> — <b>2022.</b> If the line 18 is not more than 33-1/3%,	check this box an	nd stop here. The	organization qual	ifies as a publicly	supported or	rganiza	ation
20	Private foundation. If the organiz	ation did not check			ck this box and se			
BAA			TEEA0403L	08/14/23		Sche	dule A	A (Form 990) 2023

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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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
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?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		1
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? <i>If "Yes," provide detail in Part VI.</i>	6		
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).	7		
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).	8		
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))? <i>If "Yes," provide detail in Part VI.</i>	9a		
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 <b>Part VI.</b>	9b		
С	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 <b>Part VI</b> .	9c		
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.	10a		
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.)	10b		
BAA	TEEA0404L 08/14/23 Schedule A	(Form	1 990) <i>(</i>	2023

Part IV Supporting Organizations (continued)					
		Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?				
a	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?				
Ł	A family member of a person described on line 11a above? 11b				
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .				

The Mountains to Sound Greenway Trust

#### Section B. Type I Supporting Organizations

Schedule A (Form 990) 2023

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).* 

#### Section D. All Type III Supporting Organizations

Yes No
Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
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 norme or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

#### 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

91-1531234

Page 5

Yes

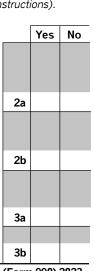
Yes No

1

2

1

No



## Schedule A (Form 990) 2023The Mountains to Sound Greenway TrustPart VType III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on Nov. 2	20, 1970 (explain in Pa	art VI). <b>See</b> ough E.
Section A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (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		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

BAA

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509(a)(3) Sup	porting Organizatio	ns (continued)		
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purp		1		
2	· · · · · · · · · · · · · · · · · · ·				
	in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of sup	oported organizations		3	
	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required – provide	details in <b>Part VI</b> )		5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
<u>7</u> 8	<b>Total annual distributions.</b> Add lines 1 through 6. Distributions to attentive supported organizations to which the organ	ization is responsive (pr	ovido dotaila	7	
0	in <b>Part VI</b> ). See instructions.	ization is responsive (pro		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2023		(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required – <i>explain in <b>Part VI</b></i> ). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	P From 2019				
C	From 2020				
c	From 2021				
e	PFrom 2022				
1	f <b>Total</b> of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
	i Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
c	Excess from 2022				
e	Excess from 2023				

BAA

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023	The Mountains	to Sound	Greenway Tr	ust 91-1531234	Page 8
B, lines 1 and 2; Par 3a, and 3b; Part V, li	t IV, Section C, line 1; Pa ine 1; Part V, Section B, I	irt IV, Section D ine 1e; Part V, S	, lines 2 and 3; Par Section D, lines 5, 6	line 10; Part II, line 17a or 17b; Pa b, and 11c; Part IV, Section t IV, Section E, lines 1c, 2a, 2b, s, and 8; and Part V, Section E,	art
lines 2, 5, and 6. Als	so complete this part for a	any additional ii	nformation. (See ins	structions.)	

#### Schedule B (Form 990)

PUBLIC DISCLOSURE COPY Schedule of Contributors OMB No. 1545-0047

Department	of the	Ireasury
Internal Revu	anua S	Convico

Name of the organization

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

Employer identification number

The Mountains to So	ound Greenway Trust	91-1531234
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	n
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the X 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..... Ś

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

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

Schedule B (Form 990) (2023)	1	2 Page 2
Name of organization	Employer identification number	
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		 \$ <u>381,896.</u>	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		 \$351,420.	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		 \$250,000.	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
4		 \$254,523.	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		 \$205,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		 \$139,740.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
		<u> </u>	

Schedule B (Form 990) (2023)	2	2	Page <b>2</b>
Name of organization	Employer identification numbe	r	
The Mountains to Sound Greenway Trust	91-1531234		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional spa	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$139,584.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>8_</u> _		\$ <u>85,927.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$82,858.	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
<u>10</u> _		\$73,255.	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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
BAA	TEEA0702L 08/09/23		Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)	1	1	Page <b>3</b>
Name of organization	Employer ident	ification nu	nber
The Mountains to Sound Greenway Trust	91-1531	234	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	<b>NONCASH Property</b> (see instructions). Use duplicate copies of Part II if addition	inal space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		 s	
(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
		  \$	
AA	TEEA0703L 08/09/23	Cabadula	B (Form 990) (20)

	B (Form 990) (2023)			1 1 Page <b>4</b>		
Name of orga		t		Employer identification number		
	ountains to Sound Greenway Tru			91-1531234		
Part III	Exclusively religious, charitable, etc. or (10) that total more than \$1,000 the following line entry. For organizations con contributions of \$1,000 or less for the year. (B Use duplicate copies of Part III if additional spectrum)	for the year from any one npleting Part III, enter the total c Enter this information once. See	e contributor	• Complete columns (a) through (e) and eligious, charitable, etc.,		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I	N (2					
	N/A		+-			
			+-			
		(e) Transfer of gif	t			
	Transferee's name, addres	s, and ZIP + 4	Relatio	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		e) Transfer of gif	+- •			
	Transferee's name, address, and ZIP + 4		Relatio	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
			+-			
		(e) Transfer of gif	+- t			
	Transferee's name, addres			nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
			+-			
	(e) Transfer of gift					
	Transferee's name, addres			nship of transferor to transferee		
		5, anu <b>z</b> n + 4	Relatio			

SCHEDULE	С
(Form 990)	

#### **Political Campaign and Lobbying Activities**

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

Department of the Treasury Internal Revenue Service 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. 2023 Open to Public Inspection

#### 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 organi	zation	Employer identification number	
The	e Mou	intains to Sound Greenway Trust	91-1531234	
Par	t I-A	Complete if the organization is exempt under section 501(c) or is a section 527	' organization.	
1		de a description of the organization's direct and indirect political campaign activities in Part IV. Instructions for definition of "political campaign activities."		
2 3		al campaign activity expenditures. See instructions		
Par	t I-B	Complete if the organization is exempt under section 501(c)(3).		
1	Enter	the amount of any excise tax incurred by the organization under section 4955	·····\$	0.
2	Enter	the amount of any excise tax incurred by organization managers under section 4955	\$	0.
3	If the	organization incurred a section 4955 tax, did it file Form 4720 for this year?	Yes	No
4a	Was a	a correction made?	Yes	No
b	lf "Ye	s," describe in Part IV.		_
Par	t I-C	Complete if the organization is exempt under section 501(c), except section	on 501(c)(3).	
1	Enter	the amount directly expended by the filing organization for section 527 exempt function activities	···· \$	
2		the amount of the filing organization's funds contributed to other organizations for section xempt function activities	\$	
3	Total line 1	exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 7b.	\$	
4	Did th	e filing organization file Form 1120-POL for this year?	Yes	No

5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

<b>(a)</b> Name	(b) Address	<b>(c)</b> EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2023							

TEEA3201L 08/24/23

OMB No. 1545-0047

Sched	ule C (Form 990) 2023 The Mounta	ins to Sound Greenway Trust	91-15312	234 Page <b>2</b>
Par	t II-A Complete if the organization section 501(h)).	i is exempt under section 501(c)(3) and filec	Form 5768 (election	under
Α	Check if the filing organization belo	ongs to an affiliated group (and list in Part IV each aff	iliated group member's na	ame,
	address, EIN, expenses, an	d share of excess lobbying expenditures).		
В	Check if the filing organization che	cked box A and "limited control" provisions apply.		
	Limits on Lobb (The term "expenditures" me	ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence pu	blic opinion (grassroots lobbying)	4,587.	
b	Total lobbying expenditures to influence a l	egislative body (direct lobbying)		
С	Total lobbying expenditures (add lines 1a a	nd 1b)	4,587.	0.
d	Other exempt purpose expenditures		4,047,067.	
е	Total exempt purpose expenditures (add lin	nes 1c and 1d)	4,051,654.	0.
f	Lobbying nontaxable amount. Enter the am columns		352,583.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	not over \$500,000,	20% of the amount on line 1e.		
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess 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.		
	over \$17,000,000,	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25%	of line 1f)	88,146.	0.
h	Subtract line 1g from line 1a. If zero or less	s, enter -0	0.	0.
i	Subtract line 1f from line 1c. If zero or less	, enter -0	0.	0.
j		her line 1h or line 1i, did the organization file Form 47		Yes No
	<b>`</b>	4-Year Averaging Period Under Section 501(h) hat made a section 501(h) election do not have to co pelow. See the separate instructions for lines 2a thro	•	

	Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	<b>(c)</b> 2022	<b>(d)</b> 2023	<b>(e)</b> Total	
2a Lobbying nontaxable amount	297,362.	316,381.	425,331.	352,583.	1,391,657.	
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column (e))</li> </ul>					2,087,486.	
c Total lobbying expenditures	544.	4,317.	17,835.	4,587.	27,283.	
d Grassroots nontaxable amount	74,341.	79,095.	106,333.	88,146.	347,915.	
e Grassroots ceiling amount (150% of line 2d, column (e))					521,873.	
f Grassroots lobbying expenditures			17,835.	4,587.	22,422.	
Schedule C (Form 990) 2023						

Cabadula	<b>c</b>	(Farm	000	0000
Schedule	ιJ		330	1 2023

## 91-1531234 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)).

_		(a	i)		(b)	
For e desc	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	A	mount	
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:					
	Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	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?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5	), or			
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			· · · · · <b>_ ·</b>		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			📘	2	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior	r year	?		3	
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) answered "Yes."	(c)(5 Part	), or III-A	section , line 3	n 501(d , is	:)
1	Dues, assessments and similar amounts from members		1			
~						

2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	
Par	t IV Supplemental Information		

#### Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

				OMB No. 1545-0047		
	IEDULE D ′m 990)	Complet	Diemental Financial Statements e if the organization answered "Yes" on Form 99	90.		2023
Dener			6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or Attach to Form 990.			Open to Public
Interna	ment of the Treasury al Revenue Service	Go to www.irs.	gov/Form990 for instructions and the latest info	ormation.		Inspection
Name	of the organization				Employer id	lentification number
		to Sound Greenway			91-153	
Par	t I Organiz Comple	zations Maintaining Do te if the organization a	<b>nor Advised Funds or Other Similar</b> nswered "Yes" on Form 990, Part IV,	Funds or A line 6.	Account	S
			(a) Donor advised funds		unds and c	other accounts
1	Total number at e	nd of year		(-)		
2	Aggregate value of cor	tributions to (during year)				
3	Aggregate value of gra	nts from (during year)				
4		at end of year				
5	Did the organizati	on inform all donors and dono	or advisors in writing that the assets held in donc	r advised fun	ds	
~	are the organizati	on's property, subject to the c	rganization's exclusive legal control?		· · · · · · · · L	Yes No
6	for charitable pure	poses and not for the benefit of	s, and donor advisors in writing that grant funds of the donor or donor advisor, or for any other pu	Irpose conferi	ring	Yes No
Par		vation Easements	nswered "Yes" on Form 990, Part IV,	lino 7		
1			the organization (check all that apply).			
•		-		ion of a histor	ically impo	ortant land area
		natural habitat		ion of a certifi	5 1	
		of open space				Structure
2			n held a qualified conservation contribution in the	form of a co	nservation	easement on the
-	last day of the tax					casement on the
					leld at the	End of the Tax Year
				-		
			ients			
c	Number of conser	vation easements on a certifi	ed historic structure included on line 2a	2c		
c			n line 2c acquired after July 25, 2006, and not or			
3	Number of conser tax year	vation easements modified, to	ansferred, released, extinguished, or terminated	I by the organ	ization dur	ing the
4	Number of states	where property subject to cor	servation easement is located			
5	Does the organization	ation have a written policy reg	arding the periodic monitoring, inspection, handl	ing of violatio	ns, _	
6			s it holds?		· · · · · · · · _	Yes No
Ŭ				-		
7	Amount of expens	ses incurred in monitoring, ins	pecting, handling of violations, and enforcing co	nservation ea	sements di	uring the year
8	and section 170(h	)(4)(B)(ii)?	line 2d above satisfy the requirements of section		· · · · · · · L	Yes No
9	include, if applica conservation ease	ble, the text of the footnote to ements.	orts conservation easements in its revenue and e the organization's financial statements that des	cribes the org	anization's	accounting for
Par	t III Organiz Comple	zations Maintaining Co te if the organization a	Ilections of Art, Historical Treasures nswered "Yes" on Form 990, Part IV,	, or Other line 8.	Similar /	Assets
1a	historical treasure	s, or other similar assets held	FASB ASC 958, not to report in its revenue state I for public exhibition, education, or research in statements that describes these items.			
b	historical treasure following amounts	s, or other similar assets held relating to these items.	FASB ASC 958, to report in its revenue stateme I for public exhibition, education, or research in	furtherance of	f public ser	vice, provide the
	(i) Revenue inclu	uded on Form 990, Part VIII, I	ine 1		\$	
	(ii) Assets include	ed in Form 990, Part X			\$_	
2	amounts required	to be reported under FASB A	, historical treasures, or other similar assets for SC 958 relating to these items.			he following
			l			
b	Assets included in	n Form 990, Part X			\$	

BAA	For Paperwork	Reduction Act	Notice, s	see the Instru	ctions for	Form 990.
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TEEA3301L 07/20/23

Schedule D (Form 990) 2023 The Mounta				91-153			Page 2
Part III Organizations Maintaining C	collections of	Art, Histor	ical Treasures, or <b>C</b>	Other Similar Assets	(cont	inued)	)
<b>3</b> Using the organization's acquisition, acces items (check all that apply).	sion, and other r	ecords, check	< any of the following th	at make significant use	of its co	llection	
<b>a</b> Public exhibition		d 🗌 Loan o	r exchange program				
<b>b</b> Scholarly research		e Other					
c Preservation for future generations			с н. н. ·				
4 Provide a description of the organization's Part XIII.			, ,		I		
5 During the year, did the organization solicit to be sold to raise funds rather than to be	maintained as pa	tions of art, h art of the orga	instorical treasures, or o anization's collection?	ther similar assets	Yes		No
Part IV Escrow and Custodial Arra Complete if the organization Form 990, Part X, line 21.	n answered			•	an am	ount	on
1a Is the organization an agent, trustee, custo on Form 990, Part X?	odian, or other in	termediary fo	r contributions or other	assets not included	Yes	Г	No
<b>b</b> If "Yes," explain the arrangement in Part X						L	
					Amount		
c Beginning balance							
<b>d</b> Additions during the year							
Distributions during the year							
<ul><li>f Ending balance.</li><li>2a Did the organization include an amount on</li></ul>					Yes		No
<b>b</b> If "Yes," explain the arrangement in Part X				- 1		-	
			tion has been provided			· · · · L	_
Part V Endowment Funds							
Complete if the organization	n answered	"Yes" on F	orm 990, Part IV,	line 10.			
(a) Cu	urrent year	(b) Prior year	(c) Two years back	(d) Three years back	(e) F	our years	s back
1a Beginning of year balance	-						
<b>b</b> Contributions							
<b>c</b> Net investment earnings, gains,							
and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of the cu	irrent year end b	alance (line 1	g, column (a)) held as:		-1		
a Board designated or quasi-endowment		%					
<b>b</b> Permanent endowment	010						
c Term endowment %							
The percentages on lines 2a, 2b, and 2c sl	nould equal 100%	6.					
3a Are there endowment funds not in the poss	session of the org	ganization tha	at are held and administ	ered for the	Г		
organization by: (i) Unrelated organizations?					20(1)	Yes	No
(ii) Related organizations?					3a(i) 3a(ii)		
<b>b</b> If "Yes" on line 3a(ii), are the related organ							<u> </u>
4 Describe in Part XIII the intended uses of t		•					i
Part VI Land, Buildings, and Equi	-						
Complete if the organization answe		rm 990, Part	IV, line 11a. See Form S	990, Part X, line 10.			
Description of property	(a) Cost or (invest	other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	<b>(d)</b> E	3ook va	lue
1a Land						_	
<b>b</b> Buildings							
c Leasehold improvements							
d Equipment			484,324.	318,185.			<u>,139.</u>
e Other.			31,004.	29,042.			<u>,962.</u>
Total. Add lines 1a through 1e. (Column (d) mus	a equal Form 99	u, Mart X, line	e iuc, column (B))		ule D (F		<u>,101.</u>
				Julieu	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	J JJ	-, _025

Schedule D (Form 990) 2023
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Schedule D (Form 990) 2023 The Mountains to Sound Greenway Tr	rust
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Part VII	Investments – Other Securities Complete if the organization answered "Yes" or	n Form 990. Part IV. lin	N/A e 11b. See Form 990. Part X. line 12.	-
(a) Descri	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	vear market value
	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(B) (C) (D) (E)				
(D)				
<u>(E)</u>				
<u>(F)</u>				
<u>(G)</u>				
<u>(H)</u>				
(l) Tatal (0)				
	nn (b) must equal Form 990, Part X, line 12, column (B))		NT / 7	
Part VIII	Investments – Program Related Complete if the organization answered "Yes" or	n Form 990 Part IV lin	N/A e 11c, See Form 990, Part X, line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of	-year market value
(1)				-
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, line 13, column (B))			
Part IX	Other Assets Complete if the organization answered "Yes" or (a) Dev	N/ <i>I</i> <u>n Form 990, Part IV, lin</u> scription		(b) Book value
(1)				(2) 20011 10100
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
Total. (Colu	umn (b) must equal Form 990, Part X, line 15, co	lumn (B))		
Part X	Other Liabilities Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line 25	
1.	(a) Descr	iption of liability		(b) Book value
	al income taxes			
	rating Lease			169,061.
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	mn (b) must equal Form 990, Part X, line 25, col			169,061.
	uncertain tax positions. In Part XIII, provide the text of the foo nder FASB ASC 740. Check here if the text of the footnote has			

Schedule D (Form 990) 2023 The Mountains to Sound Greenway Trust 91	-1531234	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1 3,7	708,920.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a 77,180.		
<b>b</b> Donated services and use of facilities		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	89,988.
3 Subtract line 2e from line 1	<b>3</b> 3,6	518,932.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 6,258.		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	6,258.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 3,6	625,190.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1 4.0	058,204.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	-, -	
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	12,808.
3 Subtract line 2e from line 1	3 4.(	045,396.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		/10/0501
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 6,258.		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	6,258.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 4,0	051,654.
Part XIII Supplemental Information		

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

SCH						OMB No. 1545-0047			
(Forn	n 99 <b>0)</b>	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.							
Depart Interna	ment of the Treasury I Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.							
Name	of the organization		Employer identificat						
		to Sound Greenway Trust	91-1531234	<u> </u>					
Par	t I Question	s Regarding Compensation			1				
1a	Check the approp VII, Section A, li	priate box(es) if the organization provided any of the following to on ne 1a. Complete Part III to provide any relevant information regar	r for a person listed on Form 990, Pa ding these items.	art	Yes	No			
	First-class o	r charter travel Housing allowa	nce or residence for personal use						
	Travel for co	ompanions Payments for t	ousiness use of personal residence						
	Tax indemnit	fication and gross-up payments	l club dues or initiation fees						
			ces (such as maid, chauffeur, chef)						
h		es on line 1a are checked, did the organization follow a written po							
J		or provision of all of the expenses described above? If "No," comp		1b					
2		tion require substantiation prior to reimbursing or allowing expens icers, including the CEO/Executive Director, regarding the items c		2					
3	Executive Directo	f any, of the following the organization used to establish the comport. Or. Check all that apply. Do not check any boxes for methods used nsation of the CEO/Executive Director, but explain in Part III.	ensation of the organization's CEO/ I by a related organization to						
	X Compensatio	on committee Written employ	ment contract						
	Independent	compensation consultant	survey or study						
	X Form 990 of	other organizations	e board or compensation committee						
4	During the year, organization or a	did any person listed on Form 990, Part VII, Section A, line 1a, wa related organization:	ith respect to the filing						
		ance payment or change-of-control payment?				X X			
	<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?								
С	c Participate in or receive payment from an equity-based compensation arrangement?								
	IT YES to any o	f lines 4a-c, list the persons and provide the applicable amounts f	or each item in Part III.						
	Only section 501	l(c)(3), 501(c)(4), and 501(c)(29) organizations must complete line	es 5-9.						
5	For persons liste contingent on the	ed on Form 990, Part VII, Section A, line 1a, did the organization p e revenues of:	bay or accrue any compensation						
	a The organization?					Х			
b	<b>b</b> Any related organization?								
	If "Yes" on line 5	5a or 5b, describe in Part III.							
6	For persons liste contingent on the	ed on Form 990, Part VII, Section A, line 1a, did the organization p e net earnings of:	bay or accrue any compensation						
	-	?				X			
b		nization?		· · · · 6b		X			
	If "Yes" on line 6	5a or 6b, describe in Part III.							
7	For persons liste payments not de	ed on Form 990, Part VII, Section A, line 1a, did the organization per scribed on lines 5 and 6? If "Yes," describe in Part III	provide any nonfixed	7		Х			
8	to the initial cont	nts reported on Form 990, Part VII, paid or accrued pursuant to a rract exception described in Regulations section 53.4958-4(a)(3)? e in Part III		8		X			
	section 53.4958-	8, did the organization also follow the rebuttable presumption proc 6(c)?	edure described in Regulations	9					
BAA	For Paperwork F	Reduction Act Notice, see the Instructions for Form 990.	Schee	dule J (For	m 990)	2023			

#### 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-NEC compensation				(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	<b>(E)</b> Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Jonathan Hoekstra	() 161,307.	0.	0.	8,315.	12,380.	182,002.	0.
1 Executive Dir.	ii) 0.	0.	0.	0.	0.	0.	0.
	(i)						
2	ii)						
	(i)					L	
	ii)						
	(i)					L	
	ii)						
	(i)						
	ii)						
	(i)						
	ii)						
	(i)						
	ii)						
	(i)						
	ii)						
	(i)						
	ii)						
	(i)					L	
	ii)						
	(i)					L	
	ii)						
	(i)					L	
	ii)						
	(i)					L	
	ii)						
	(i)					L	
	ii)						
	(i)	L				L	
	ii)						
	(i)	L				L	
16	(ii)						

91-1531234

#### 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.

Page 3

OMB No. 1545-0047

#### Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization		Employer identification number
The Mountains to Sound Greenway	Trust	91-1531234

#### Form 990, Part VI, Line 11b - Form 990 Review Process

The 990 was reviewed by the board Finance & Audit Committee and subsequently made available to the board executive committee for review and comment prior to filing with the IRS.

#### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

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 they are a covered person, and (II) that arises while they are 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, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Salary determined in accordance with the annual budget 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.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Upon request.

#### Form 990, Part IX, Line 11g Other Fees For Services

		(A) Total	(B) Program <u>Services</u>	(C) Management & General	(D) Fund- raising
Field Contractor Other	Total 💲	119,056. 350,885. 469,941.	119,056. <u>335,858.</u> \$ 454,914.	<u>15,027.</u> \$ 15,027.	\$0.