# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection	
A	For the	2023 calend	dar year, or tax year beginning	, 2	023, and end	ing		, 20
В	Check if a	applicable:	C Name of organization Mounta	ainTrue			D Emplo	yer identification number
	Address	change	Doing business as				56-14	22691
=	Name cha	•		f mail is not delivered to street add	ress)	Room/suite		one number
=	Initial retu	•	29 North Market S		,	610	· '	258-8737
=		n/terminated		ountry, and ZIP or foreign postal c	ode		( /	
H	Amended		Asheville, NC 288				<b>G</b> Gross	receipts \$2,494,941.
$\exists$		on pending	F Name and address of principal of			H(a) Is this a gr		subordinates? Yes No
	Application	on pending	Robert Wagner, 29 Nor		lla NC 29	1		es included? Yes No
	Tax-exem	npt status:	<b>X</b> 501(c)(3)	) (insert no.) 4947(a)				t. See instructions.
	Website:	·		) (insert no.) 4947 (a)	(1) 01 327	H(c) Group e		
			aintrue.org	ation Other	I Voor of for			of legal domicile: NC
			Corporation Trust Associa	ation Other	L Year of for	mation: 1964	W State 0	or regar domicile: IVC
Г	art I	Summa	-		:.:			<u> </u>
a)	1		cribe the organization's miss					
nce			nTrue champions res		ean wate	ers, and hea	althy	communities
rna			the Southern Blue R					
Activities & Governance	1		box if the organization d				1 . 1	
တ္			voting members of the gove				3	11
დ თ			independent voting membe			•	4	11
ij	1		per of individuals employed i				5	23
₹			per of volunteers (estimate if				6	409
Ă	7a	Total unrel	ated business revenue from	Part VIII, column (C), line 1:	2		7a	0.
	b	Net unrelat	ted business taxable income	from Form 990-T, Part I, li	ne 11	<u> </u>	7b	0.
						Prior Yea	r	Current Year
Ф	8	Contribution	ons and grants (Part VIII, line	1h)		2,160,	642.	2,268,018.
ž	9	Program s	ervice revenue (Part VIII, line	2g)		52,	169.	148,110.
Revenue	10	Investment	t income (Part VIII, column (A	A), lines 3, 4, and 7d)	5 ,	021.	30,746.	
Œ	11	Other reve	nue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 1	1e)		810.	17,047.
	12	Total reven	ue-add lines 8 through 11 (r	must equal Part VIII, column	(A), line 12)	2,224,		2,463,921.
			d similar amounts paid (Part I				381.	118,312.
			aid to or for members (Part I)			32,	3321	110/011.
S	4-		ther compensation, employee			1,258,	976	1,511,196.
Expenses	16a		al fundraising fees (Part IX, c			1,230,	770.	1/311/1/01
per	b		raising expenses (Part IX, col		202,023.			
Ä	17		enses (Part IX, column (A), lin			746	831.	871,954.
		-	nses. Add lines 13–17 (must			2,058		2,501,462.
	1		ess expenses. Subtract line 1				454.	-37,541.
_ &		i leveride ie	33 expenses. Oubtract line			Beginning of Curr		End of Year
Net Assets or Fund Balances	20	Total accor	ts (Part X, line 16)					
4sse Bala	21		''			1,815,	193.	1,767,910.
un (	22		or fund balances. Subtract I					170,777.
	art II		re Block	illie 21 Holli illie 20		1,620,	090.	1,597,133.
			, I declare that I have examined this		-111			I
			e. Declaration of preparer (other than					ny knowledge and beller, it is
				·			10010	
Qi,	gn	Signature of	officer			<u>[10</u> Date	/22/2	U24
				_ 1		Date		
пе	ere		ert Wagner, Executi	ve Director				
			name and title	T				
Pa	iid	1	e preparer's name	Preparer's signature		Date	Check [	if PTIN
	eparei	Todd C	Oldenburg	Todd Oldenburg		10/22/2024	self-emp	P02281691
	se Only		me CORLISS & SOLO	MON, PLLC		Firm's	EIN 2	20-2571677
		Firm's add	dress 242 CHARLOTTE	ST SUITE #1, ASHEV	ILLE, NC	28801 Phone	e no. (82	28)236-0206
Ма	v the IR	S discuss	this return with the preparer					. X Yes No

Page **2** 

Part	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	MountainTrue's Mission Statement: MountainTrue champions resilient forests, clean waters,
	and healthy communities across the Southern Blue Ridge.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,199,814. including grants of \$ 118,312.) (Revenue \$ 148,110.) Public Lands
	Our Public Lands program protects and restores the commons of the Southern Blue Ridge for
	sustainable public use. The new Forest Plan for the Nantahala and Pisgah National Forest was
	adopted earlier this year. We will continue to fight for a better plan.
	-MountainTrue, as part of a coalition of conservation groups, submitted a Notice of
	Intent to Sue the Forest Service for violations of the Endangered Species Act related
	to four species of forest bats in the development of the Nantahala-Pisgah Forest Plan.
	-Staff have found success advocating for creating a Craggy Mountain National
	Scenic Area. After meeting with Congressman Edwards at Craggy Gardens Visitor
	Center, he pledged to introduce legislation to create this new Scenic Area. This area
	would encompass 16,000 acres of US Forest Service land in Buncombe County.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	-We hosted our annual Bioblitz in the Craggy Mountains. Twenty experts lead the
	more than 75 participants in a bioblitz in an area of the forest that we are working to
	have designated as a National Scenic Area. Participants took 1486 photographic
	observations and identified 621 species.
	-We re-treated 117 ash trees at Bluff Mountain. We have treated more than 1,200 ash
	trees against the scourge of the Emerald Ash Borer beetle, and we are committed to the
	survival of these trees.
	Water
	Our water team protects the French Broad, Watauga, New, Green, Broad, Little Tennessee,
	Savannah, and Hiwassee River basins by tracking and reporting sewer leaks, straight pipes,
	pollution sources, and negative impacts from agriculture and development.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Water: French Broad Riverkeeper
	-We scored victories and encountered an obstacle on plastic pollution. The City of
	Asheville completed its outreach survey, which showed broad support for passing a plastic
	bag ban, and was due to take up an ordinance in October. The towns of Woodfin and Black
	Mountain passed resolutions asking Buncombe County to pass a countywide plastic bag ban.
	After significant pressure and advocacy, Buncombe County commissioners had expressed
	support for an ordinance. However, at the 11th hour, the NC Retail Merchants Association got
	party leaders to insert language into the budget that prevents local governments from
	regulating any "auxiliary packaging," including single-use plastic grocery bags. We've circled
	up with our grassroots advocates and coalition partners and are developing a new strategic
	See Part III, Ln 4c statement
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
	Total program service expenses 2,199,814.

Part	V 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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
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	×	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-	_^	
Ū	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		<b>├</b> ^
O	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			l
_		6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	×	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
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		×
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,"			
u	complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	IIa	_^	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	446		
•	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	11b		×
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
		11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	l		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	×	
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1.12		''
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
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		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		-
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	47		
10		17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	1		
40	·	18	×	
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		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
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 12 If "Yes," complete Schedule I, Parts I and II	0.1		1

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	
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		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		×
	\$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		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 25a		×
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		×
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		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		×
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
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		×
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	×	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		×
00	complete Schedule N, Part II	32		×
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</i> "Yes," <i>complete Schedule R, Part I</i>	33		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
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		×
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	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		_	
	2 Concease a containe a response of field to dry fine in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   24			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ou		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		.,
اء		7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		~
e f	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		×
g	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 qualified intellectual property, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		×
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			×
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
b 2	Enter the number of voting members included on line 1a, above, who are independent .    1b 11  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		×
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		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6	×	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>			v
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	9	nde )	×
Jecu	on b. Folicies (This Section Brequests information about policies not required by the internal never	ue o	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
c	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	12b	×	
13	Did the organization have a written whistleblower policy?	12c	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		.,	
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b		×
16a	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?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed See Part VI, Line 17 stm Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		tion 5	501(c)
19	☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re Laura Daniel, 29 N. Market St., Ste. 610 , Asheville, NC 28801 (828)776-67			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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 no				atio	n c	ompe	nsa	ited any current	officer, director,	or trustee.
				(0	C)					
(A)	(B)	(do n	ot oh		ition	o than c	no	(D)	(E)	(F)
Name and title	Average hours per week	officer and a director/trustee)		Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation				
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)Robert Wagner	45.00									
Director				×				81,272.	0.	9,739.
(2) Moriah Dean Chair	1.00	×		×				0.	0.	0.
(3) Jesse Miller	1.00									
Vice-Chair		×		×				0.	0.	0.
(4) Jane Margaret Bell Secretary	1.00	×		×				0.	0.	0.
(5) Katherine Taaffe Treasurer	1.00	×		×				0.	0.	0.
(6) Ameena Batada Board	1.00	×						0.	0.	0.
(7) Kareen Boncales Board	1.00	×						0.	0.	0.
(8) Jenny Dissen Board	1.00	×						0.	0.	0.
(9) Nicholas Holshouser Board	1.00	×						0.	0.	0.
(10)Kimberly Hunter Board	1.00	×						0.	0.	0.
(11) Harli Palme Board	1.00	×						0.	0.	0.
(12) Enrique Sanchez Board	1.00	×						0.	0.	0.
(13)										
(14)										

	(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson	e than o is both or/trust	n an	(D)  Reportable compensation	(E) Report	table sation	of	(F) ed amount other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from re organizatio 1099-N 1099-N	ns (W-2/ IISC/	fro organi	ensation om the zation and rganizations
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c	Subtotal								81,272.		0.		9,739.
2	Total number of individuals (including but reportable compensation from the organi	t not limited	to th	iose	e list	ted	above 0	e) w	•	e than \$1		of	9,739.
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete 5	officer, dire				e, k	кеу е				ensated		Yes No
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	portal	ble	con	npei	nsatio	n a	and other compe	nsation fr			×
5	individual	or accrue co	ompe	nsa	tion	fro	m any	/ un	related organiza			4	×
Section	for services rendered to the organization on B. Independent Contractors	? If "Yes," c	ompl	ete	Sch	nedu	ıle J t	for s	such person .			5	×
1	Complete this table for your five high compensation from the organization. Repo												
	<b>(A)</b> Name and business add	ress							(B) Description of serv	/ices	(	(C) Compens	ation
Wild	lands Engineering, 167-B Haywood	Road, Ash	nevil	le	, N	C 2	8806	En	gineering			10	56,593.
2	Total number of independent contractor	ors (includir	ng bu	ıt n	ot I	limit	ed to	th	nose listed abov	e) who			
	received more than \$100,000 of compens								1				

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

# Part VIII Statement of Revenue

		Check if Schedule	O co	ntains a re	espor	ise or note to ai	ny line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ທ໌ ທ	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	196,101.	-			
Gra	c	Fundraising events			1c	6,260.	-			
S, (	_	Related organization			1d	0,200.	-			
a it	d	•				000 015	_			
3, E	e	Government grants			1e	209,017.	-			
Sig	f	All other contribution								
uti Je		and similar amounts no			1f	1,856,640.				
흔	g	Noncash contribution								
on d		lines 1a-1f			1g	\$ 97,258.				
a C	h	Total. Add lines 1a-	-1f .				2,268,018.			
						Business Code				
Ö	2a	Program Service	s-Er	vironmen	ital	541900	105,377.	105,377.	0.	0.
ا کے	b	Program Event				900099	42,733.	42,733.	0.	0.
Sel	c						,			
E ē	_									
gram Ser Revenue	d									
Program Service Revenue	е									
₫	f	All other program se								
	g	Total. Add lines 2a-					148,110.			
	3	Investment income								
		other similar amoun	•				30,746.	0.	0.	30,746.
	4	Income from investr	nent (	of tax-exen	npt bo	ond proceeds				
	5	Royalties								
				(i) Rea	I	(ii) Personal				
	6a	Gross rents	6a				-			
	b	Less: rental expenses	6b				-			
	c	Rental income or (loss)					-			
	d	Net rental income o		c)						
			(105	(i) Securi	· ·	(ii) Other				
	7a	Gross amount from		(i) Securi	lies	(ii) Other	_			
		sales of assets								
		other than inventory	7a				_			
ne	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
ě	С	Gain or (loss)	7с							
	d	Net gain or (loss)								
Other	8a	Gross income from	m fu	ındraisina						
ð		events (not including								
		of contributions rep								
		1c). See Part IV, line			8a	21,672.				
	b	Less: direct expens			8b	11,634.	-			
		Net income or (loss)					10 020		0	10 020
	C	Gross income f	•		ig eve	ents	10,038.		0.	10,038.
	9a	activities. See Part I				0.000				
					9a	2,803.	_			
		Less: direct expens			9b					
	С	Net income or (loss)			ctivitie	es	2,803.	0.	0.	2,803.
	10a	Gross sales of ir		ory, less						
		returns and allowan	ces		10a	18,910.				
	b	Less: cost of goods	sold		10b	19,386.				
	С	Net income or (loss)					-476.	0.	0.	-476.
S			-			Business Code				
0 V	11a	Miscellaneous				900099	4,682.	0.	0.	4,682.
ne Ju	b						1,002.	J.	<u> </u>	1,002.
Ver	2									
scellaneo Revenue	ن	All other revenue					+			
Miscellaneous Revenue	d	All other revenue					4 600			
	<u>e</u>	Total. Add lines 11a					4,682.	140 110		45 500
	12	Total revenue. See	ınstr	uctions			2,463,921.	148,110.	0.	47,793.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (C) Management and Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) Program service 8b. 9b. and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 14,167. 14,167. Grants and other assistance to domestic 2 individuals. See Part IV, line 22 . . . . . 104,145. 104,145. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV. lines 15 and 16 Benefits paid to or for members . . . . Compensation of current officers, directors, trustees, and key employees . . . . . 91,012. 63,708. 13,652. 13,652. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 1,165,037. 1,035,971. 20,967. 108,099. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 32,835. 29,223. 573. 3,039. Other employee benefits . . . . . . 129,536. 114,730. 12,156. 9 2,650. 10 Payroll taxes . . . . . . . . . . . . 92,776. 81,344. 2,475. 8,957. Fees for services (nonemployees): 11 Legal . . . . . . . . . . . . . . . . Accounting . . . . . . . . . . . . 26,135. 0. 26,135. 0. Lobbying . . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 6,140. 203,205. 188,912. 8,153. 12 Advertising and promotion . . . . . 13 39,587. 23,099. 2,155. 14,333. Office expenses . . . . . . . 14 Information technology . . . . . . 12,883. 11,941. 204. 738. 15 Occupancy . . . . . . . . . . . . 79,094. 69,694. 2,035. 7,365. 16 72,239. 70,989. 236. 1,014. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20,583. 14,869. 5,533. 181. 20 21 Payments to affiliates . . . . . . . 3,309. 3,309. 0. 0. 22 Depreciation, depletion, and amortization . 23 5,770. 215. 5,530. 25. Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a Equipment 47,920. 47,920. 0. 0. Miscellaneous 1,784. 11,392. 9,493. 115. c Dues & Subscriptions 42,468. 29,860. 5,865. 6,743. Events 24,670. 8,319. 92. 16,259. All other expenses 282,699. 277,906. 3,599. 1,194. 25 **Total functional expenses.** Add lines 1 through 24e 2,501,462. 2,199,814. 99,625. 202,023. 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)

### Part X Balance Sheet

		Check it Schedule O contains a response of note to any line in this Pa	(A)  Beginning of year		(B) End of year
	4	Cook non interest bearing		4	
	1	Cash—non-interest-bearing	385,417.	1	288,488.
	2	Savings and temporary cash investments	523,834.	2	999,456.
	3	Pledges and grants receivable, net	295,243.	3	374,777.
	4 5	Accounts receivable, net	1,446.	4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		_	
	6	Loans and other receivables from other disqualified persons (as defined		5	
	0	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			
	-			6 7	
Assets	7	Notes and loans receivable, net			
\ss	8	Inventories for sale or use	0 124	8	0.001
~	9 10a	Prepaid expenses and deferred charges	2,134.	9	2,221.
	iua				
	h		2,338.	100	0 620
	b	·		10c	8,628. 97.
	11 12	Investments—publicly traded securities	478,804.	12	97.
				13	
	13 14	Investments—program-related. See Part IV, line 11		14	
	15	Intangible assets	126,673.	15	94,243.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,815,889.	16	1,767,910.
	17	Accounts payable and accrued expenses	72,346.	17	81,761.
	18	Grants payable	72,340.	18	01,701.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
'n	22	Loans and other payables to any current or former officer, director,		21	
ţį		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	122,847.	25	89,016.
	26	Total liabilities. Add lines 17 through 25	195,193.	26	170,777.
es Se		Organizations that follow FASB ASC 958, check here 🔀			
ü		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	1,104,748.	27	1,028,675.
<u>В</u>	28	Net assets with donor restrictions	515,948.	28	568,458.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds .		31	
et /	32	Total net assets or fund balances	1,620,696.	32	1,597,133.
ž	33	Total liabilities and net assets/fund balances	1,815,889.	33	1,767,910.
					Earm <b>991</b> (2022

Form 990 (2023) Page **12** 

Part	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)		2,4	63,9	21.
2	Total expenses (must equal Part IX, column (A), line 25)		2,5	01,4	62.
3	Revenue less expenses. Subtract line 2 from line 1		_	37,5	41.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		1,6	20,6	96.
5	Net unrealized gains (losses) on investments			13,9	78.
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))		1,5	97,1	.33.
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual  Other  If the organization changed its method of accounting from a prior year or checked "Other," explain	n on			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	ed or			
	reviewed on a separate basis, consolidated basis, or both.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a			
	separate basis, consolidated basis, or both.				
	▼ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	×	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	in on			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	n the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit	s.	3b	000	

REV 05/09/24 PRO Form **990** (2023)

### Additional Information From Form 990: Return of Organization Exempt from Income Tax

# Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4c (continued)

**Continuation Statement** 

### **Description**

campaign aimed at building support among local grocers and retailers for both the implementation of voluntary plastic reduction efforts and a statewide plastic bag ban.

-We conducted another DNA water study. We completed another DNA water study, which shows the amount and sources of E. coli. The analysis has been critical in guiding our work by proving that cows are the primary source of E. coli pollution, followed by humans.

-We successfully lobbied the NC General Assembly for \$2 million for Agricultural Cost-share. Using our DNA study, we successfully lobbied for funding that provides farmers with financial assistance to implement best management practices to prevent cow pollution in our streams.

-We established a septic system repair program that has been critical in repairing failing septic systems across our region - another significant source of bacteria pollution.

-We continued to improve and expand the French Broad Paddle Trail to provide more and better opportunities for people to recreate and deepen their connections to the outdoors and foster more environmental advocates. We successfully lobbied the NC General Assembly for \$150,000, which has allowed us to hire an additional staff member to manage the trail; develop a new logo, website, map, and signage; improve access points in Transylvania and Madison counties; and install new composting toilets, picnic tables, fire rings, and signage at MountainTrue managed paddle trail campsites.

-We continued building a broader coalition of environmental advocates by engaging communities of color in more outdoor activities. Through a grant from Made X Mountains' Outdoor Equity Fund, we led no-cost paddling trips on the French Broad River for communities of color. We have hosted four trips focused on paddling instruction, river safety, and making the connection between a love of nature and environmental conservation. We plan to host another 3-4 trips in 2024, culminating in an overnight trip on the French Broad Paddle Trail.

Water: Green Riverkeeper

-We held river cleanups on the Green River, removing tires, plastics, metal scraps, and other trash. These volunteer events help educate our volunteers about our plastic advocacy work.

-We treated 38 hemlock trees in the Green River Gorge in partnership with

Hemlock Restoration Initiative to protect against the woolly adelgid invasive species.

-We conducted monthly water sampling and seasonal biomonitoring with

volunteers. We continue to partner with EQI (Environmental Quality Institute) to

analyze sample data - critical information that informs our State of Our Rivers

report and advocacy efforts at the NC General Assembly and with local governments.

-Monitored and informed the public of an 8,000-gallon oil spill into Cove Creek

and worked with NC DEQ to communicate the remediation efforts.

Water: Broad Riverkeeper

# Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4c (continued)

#### **Continuation Statement**

#### **Description**

-We are advising Cleveland County Water Manager as they design three new paddle access points on the First Broad River. After withdrawing its application for a permit to build a reservoir by damming the First Broad River, Cleveland County Water is now focused on developing an extensive greenway/blueway park system, the Stagecoach Greenway.

-Our Broad Riverkeeper, David Caldwell, was appointed to the Cleveland County
Planning Board, where he will work with the county to ensure that zoning and
ordinances help fulfill the priorities in the County's 10-Year Land Use Plan.

-We are partnering with the Southern Environmental Law Center to reclassify the
Broad River as a primary recreation water and submitting a petition to compel
NCDEQ to consider technology-based effluent limits when issuing discharge permits.

-After more than five years of applying pressure, Befesa Zinc Corp. is finally
meeting the limits of its National Pollutant Discharge Elimination System
(NPDES) permit. MountainTrue and Southern Environmental Law Center have reviewed
Befesa's permit renewal application and submitted comments and concerns to state
regulators.

Water: Watauga Riverkeeper

We won the reclassification of 11 streams in the Watauga River Basin as

Outstanding Resource Waters or High-Quality Waters. This victory took years of
advocacy. The new classifications will restrict future permitted waste discharge.

-We secured funding for the removal of Shulls Mill Dam. MountainTrue has been
working closely with Wildlands Engineering and American Rivers to have the project
shovel ready by 2024.

-We are conducting Eastern Hellbender surveys as part of our pre-dam removal efforts. This work also supports ongoing advocacy efforts to list the hellbender for federal protection under the Endangered Species Act.

We continued researching the Wards Mill Dam removal project on the Watauga River. Ongoing research continues to show that the Wards Mill dam removal has significantly improved water quality and the health of the aquatic habitat.

-We spearheaded the writing, data analysis, and editing of the 2023 MountainTrue State of Our Rivers Report. This report summarizes the water quality of our rivers and streams across all our regional offices at

https://stateofourrivers.report/executive-summary/

We expanded our Waterkeeper jurisdiction to include the North Carolina sections of the New River and the Watauga River in North Carolina and Tennessee.

-We planted more than 20,000 livestakes. These livestakes will grow into trees and shrubs that prevent sediment runoff into local waterways. Planting sites the Wards Mill Dam Removal site.

-We led the High Country Habitat Restoration Coalition, a multi-agency

stakeholder group dedicated to removing non-native invasive plant species and restoring habitat across the High Country Region.

Western Region

# Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4c (continued)

#### **Continuation Statement**

# Description -We participated in scoping for a 25.2-mile TVA Transmission Line and Switching Station project across Nantahala National Forest in southwestern NC. We supported residents in advocating for an in-person public meeting, which happened on September 12. -We expanded our Swim Guide and volunteer microplastics water quality monitoring programs into the Little Tennessee River Basin in Swain and Macon counties. E. coli samples were collected, analyzed, and reported weekly at 20 locations in our Western Region this summer, including seven new locations. -We continued to tackle the problem of domesticated populations of Canada goose around our lakes and rivers. A new Swim Guide site at a boat ramp in Murphy failed every E. coli test due to geese and domestic ducks. We worked with the Town of Murphy to install signage and educate people about not feeding the waterfowl. Geese also returned to the Clay County Swim Beach on Lake Chatuge in early August, causing elevated levels of E. coli. -We completed an inventory of nonnative invasive plants along the 2.3-mile Jackson Co. Greenway and hosted three volunteer workdays in partnership with Jackson Co. Parks & Rec, WCU professors, and Mainspring Conservation Trust. These events engaged more than 40 new volunteers in our work! -We helped launch the Blue Ridge Snorkel Trail at 10 locations across WNC in partnership with the NC Wildlife Resources Commission and others. The Blue Ridge Snorkel Trail is a series of curated snorkel sites along mountain rivers. Clean Energy We are tracking the growth of cryptomining data centers, which use immense amounts of electricity and provide few jobs or other economic benefits for our communities. We are working with county commissioners in Buncombe, Cherokee, and Madison counties and the Town of Boone to pass high-impact land-use ordinances that would give them the power to keep these operations out of their communities. This work led to Cherokee County Commissioners adopting their first comprehensive plan on September 18, 2023. -We advocated in two rate hearings before the NC Utilities Commission (NCUC). MountainTrue provided testimony and activated our membership base to influence energy rate setting in two cases before the NCUC, one involving Duke Energy Carolinas and one involving Duke Energy Progress. Both utilities operate in Western NC. We advocated for more investments in renewable energy, efficiency, and employing performance-based ratemaking to incentivize the reduction of energy demand and limit rate increases to protect low-income families. We continued to advocate on the NC Carbon Plan. Adopted in 2021, HB 951 requires the NCUC to develop a Carbon Plan to achieve the goals of a 70% reduction in carbon emissions by 2030 and 100% carbon neutrality by 2050. NCUC directed Duke Energy to create the plan, which must be revised and approved by the NCUC every two years. Duke recently released its first 2-year updated plan. We are working with a statewide coalition of partners to analyze and advocate for a better plan that

# Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4c (continued)

#### **Continuation Statement**

### Description relies less on gas and more on renewables to meet the state's goals. Healthy Communities Our Healthy Communities Team advocates for patterns of growth that promote vibrant communities and protect the rural character and natural assets of the Southern Blue Ridge Mountains. -We launched Neighbors for More Neighbors WNC. MoutainTrue added a new member to our Healthy Communities team to lead this new project focused on growing grassroots support for infill development in our cities and towns. Focusing on additional residential development in and near our downtowns is more energy efficient, minimizes vehicle miles traveled, and reduces the negative impacts of sprawl across the region. We are mobilizing support for this kind of development through education, policy advocacy, and project-level support. -We developed a project scorecard to evaluate proposed developments. We have developed a tool that helps us consistently assess environmental threats and whether developments contribute to healthier communities by providing affordable housing, pedestrian infrastructure improvements, and green infrastructure. -We advocated for improvements to Henderson County's Comprehensive Plan. We mobilized our membership base to advocate for open space protections, agricultural land preservation, and responsible development to guide the county's growth for the next quarter century. While the county planning staff developed a draft plan in late 2022 that included many encouraging elements, County Commissioners removed many positive recommendations, leaving a comprehensive plan that will provide little guidance for future growth. -We won a better Comprehensive Plan in Buncombe County. We partnered with community organizations and municipalities to recommend policies that align with our smart-growth principles. In May, commissioners adopted a plan that addresses numerous issues facing the county, including housing, transportation, and land conservation. We participated on the County's steering committee and are confident the plan reflects MountainTrue's values. -We helped develop a Community Plan for the Emma neighborhood. We assisted PODER Emma in the completion of their Emma Community Plan, which includes a set of tools that can measure the gentrification risk that their neighborhood faces and a suite of local actions and policies that can help to provide a stable future for current residents in the face of a robust housing market. We are now exploring how to replicate this process and share the tools Emma developed with other communities looking to preserve Naturally Occurring Affordable Housing. Creation Care Alliance of WNC (CCA) CCA helps congregations in the Southern Blue Ridge take steps to protect God's creation by supporting the greening of their buildings, land, and worship practices, in addition to connecting them to action alerts, lobbying, and opportunities to create change through organizing their communities. This year saw significant growth in our CCA program, with new regional engagement and actions for a cleaner and more sustainable Western North Carolina.

# Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4c (continued)

### **Continuation Statement**

# Description -We trained congregations and community partners throughout our region. Through our Winter Symposium & Retreat, we provided 12 workshops to clergy members and community leaders throughout Western North Carolina. These workshops ranged in focus from the importance of climate action and advocacy to sustainability in congregational buildings and church grounds. Over the two days, more than 150 people from all of MountainTrue's regions came together to share information, build relationships, and learn practical skills to improve their environmental efforts. -We empowered congregational community organizers. This year, we saw increased engagement from faith community members in the Plastic Free WNC campaign. Faith leaders gave testimony at Town Council and County Commissioner meetings, hosted organizing meetings in their buildings, and surveyed local businesses and community stakeholders regarding their support of a proposed ban on single-use plastic bags and styrofoam containers in Buncombe County. Though our plastics work is shifting going into 2024 due to the state budget amendment, our efforts to organize faith communities put us in a great position moving forward. These congregations, and the time we invested in building grassroots support, will continue to help us win needed change. -We updated our congregational covenant partnership. This year, we updated our congregational covenant partnership agreement to include more benefits for our congregational network and increased incentives for joining the Creation Care Alliance. We look forward to growing our covenant partner relationships throughout MT's regions in 2024.

# Form 990: Return of Organization Exempt from Income Tax Part VI, Line 17 (continued)

**Continuation Statement** 

		States Where Copy of Return is Required
NC		
GA		

# SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

OMB No. 1545-0047

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization					Employer identification	n number
MountainTrue					56-1422691	
Part I Reason for Public Cha	ri <mark>ty Status.</mark> (Al	l organizations mus	t comple	ete this p	oart.) See instruction	ons.
The organization is not a private found	ation because it i	is: (For lines 1 through	12, ched	ck only or	ne box.)	
1 A church, convention of church	1 A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .					
2 A school described in section	n 170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990)	.)		
3 A hospital or a cooperative ho		•			, , , ,	
4  A medical research organizati hospital's name, city, and sta	te:					
5 An organization operated for section 170(b)(1)(A)(iv). (Con		college or university	owned c	r operate	ed by a government	al unit described in
<ul> <li>6  A federal, state, or local gove</li> <li>7  An organization that normally described in section 170(b)(1</li> </ul>	receives a subs	tantial part of its sup				n the general public
8 A community trust described	in section 170(b)	)(1)(A)(vi). (Complete	Part II.)			
9 An agricultural research organ or university or a non-land-grauniversity:						
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization	d to its exempt fu nt income and un	nctions, subject to ce related business taxa	rtain exc ble incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 <sup>1</sup> /3% of its
11 An organization organized an		•		•	•	
12 An organization organized and	operated exclusi	ively for the benefit of,	to perfor	m the fun	ctions of, or to carry	out the purposes of
one or more publicly supporte the box on lines 12a through 1						
a Type I. A supporting orga the supported organizatio supporting organization. Y	n(s) the power to	regularly appoint or e	elect a ma	ijority of t		
b Type II. A supporting organization(s). You must	the supporting o	organization vested in	the same			
c Type III functionally integrits supported organization	grated. A suppor	ting organization oper	rated in c			ally integrated with,
d Type III non-functionally that is not functionally inte	integrated. A su	ipporting organization	operated	d in conn	ection with its suppo	
requirement (see instruction						
e Check this box if the orga functionally integrated, or						e II, Type III
f Enter the number of supported	• •					
<b>g</b> Provide the following information						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						

Schedule A (Form 990) 2023 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . . **Total.** Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 . . . . . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . . % 14 Public support percentage from 2022 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 

### 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.)

Section A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,443,459.	1,495,387.	2,307,969.	2,160,642.	2,268,018.	9,675,475.
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	54,543.	63,957.	25,296.	52,169.	148,110.	344,075.
3	Gross receipts from activities that are not an	0 1 / 0 10 1			5=,=50		
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5	1 498 002	1 559 344	2 333 265	2 212 811	2 416 128	10,019,550.
7a	Amounts included on lines 1, 2, and 3	1,100,002.	1,333,311.	2,333,203.	2,212,011.	2,110,120.	10,010,000.
	received from disqualified persons .	0.	0.	105,020.	0.	0.	105,020.
h	Amounts included on lines 2 and 3	0.	0.	103,020.	0.	0.	103,020.
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0.					0.
С	Add lines 7a and 7b	0.	0.	105,020.	0.	0.	105,020.
8	Public support. (Subtract line 7c from	0.	0.	103,020.	0.	0.	103,020.
	line 6.)						9,914,530.
Section	on B. Total Support						1272270001
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6		1,559,344.		2,212,811.	2,416,128.	10,019,550.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	10,276.	4,650.	1,795.	8,351.	30,746.	55,818.
_							
b	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
b							
	section 511 taxes) from businesses	10,276.	4,650.	1,795.	8,351.	30,746.	55,818.
	section 511 taxes) from businesses acquired after June 30, 1975	10,276.	4,650.	1,795.	8,351.	30,746.	55,818.
С	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether	10,276.	4,650.	1,795.	8,351.	30,746.	55,818.
С	section 511 taxes) from businesses acquired after June 30, 1975	10,276.	4,650.	1,795.	8,351.	30,746.	55,818.
С	section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or	10,276.	4,650.	1,795.	8,351.	30,746.	55,818.
c 11	section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets			1,795.			
c 11	section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	10,276. 955.	4,650. 545.	1,795. 2,600.	8,351. 3,556.	30,746.	55,818.
c 11	section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	955.	545.	2,600.	3,556.	4,682.	12,338.
c 11 12	section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	955. 1,509,233.	545. 1,564,539.	2,600. 2,337,660.	3,556. 2,224,718.	4,682. 2,451,556.	12,338.
c 11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	955. 1,509,233. e organization's	545. 1,564,539. s first, second	2,600. 2,337,660. , third, fourth,	3,556. 2,224,718. or fifth tax ye	4,682. 2,451,556. ear as a section	12,338. 10,087,706. on 501(c)(3)
c 11 12 13 14	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	955. 1,509,233. e organization's	545. 1,564,539. s first, second	2,600. 2,337,660. , third, fourth,	3,556. 2,224,718. or fifth tax ye	4,682. 2,451,556.	12,338. 10,087,706. on 501(c)(3)
c 11 12 13 14 Section	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	955.  1,509,233. e organization's ere rt Percentag	545. 1,564,539. s first, second	2,600. 2,337,660. , third, fourth,	3,556. 2,224,718. or fifth tax ye	4,682. 2,451,556. ear as a section.	12,338. 10,087,706. on 501(c)(3)
11 12 13 14 Section 15	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	955.  1,509,233. e organization's ere ert Percentag 8, column (f), d	545.  1,564,539. s first, second e ivided by line	2,600. 2,337,660. , third, fourth, 	3,556. 2,224,718. or fifth tax ye	4,682. 2,451,556. ear as a section	12,338. 10,087,706. on 501(c)(3) 98.28 %
c 11 12 13 14 Section 15 16	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	955.  1,509,233. e organization's ere ert Percentag 8, column (f), d hedule A, Part	545.  1,564,539. s first, second e ivided by line	2,600. 2,337,660. , third, fourth, 	3,556. 2,224,718. or fifth tax ye	4,682. 2,451,556. ear as a section.	12,338. 10,087,706. on 501(c)(3)
c 11 12 13 14 Section 15 16 Section	section 511 taxes) from businesses acquired after June 30, 1975	955.  1,509,233. e organization's re rt Percentag 8, column (f), d hedule A, Part come Perce	545.  1,564,539. s first, second e ivided by line III, line 15 . ntage	2,600. 2,337,660. , third, fourth, 	3,556.  2,224,718. or fifth tax ye	4,682. 2,451,556. ear as a section	12,338.  10,087,706. on 501(c)(3) 98.28 % 94.35 %
c 11 12 13 14 Section 15 16 Section 17	section 511 taxes) from businesses acquired after June 30, 1975	955.  1,509,233. e organization's ere ert Percentag 8, column (f), d hedule A, Part come Perce (line 10c, colum	545.  1,564,539. s first, second e ivided by line Ill, line 15. ntage nn (f), divided by	2,600.  2,337,660. , third, fourth,  13, column (f))	3,556.  2,224,718. or fifth tax ye	4,682. 2,451,556. ear as a section. 15 16	12,338. 10,087,706. on 501(c)(3) 98.28 % 94.35 % 0.55 %
c 11 12 13 14 Section 15 16 Section 17 18	section 511 taxes) from businesses acquired after June 30, 1975	955.  1,509,233. e organization's ere ert Percentag 8, column (f), d hedule A, Part ecome Perce (line 10c, colum 2 Schedule A, I	545.  1,564,539. s first, second e ivided by line III, line 15. ntage nn (f), divided b Part III, line 17	2,600.  2,337,660. , third, fourth,	3,556.  2,224,718. or fifth tax ye	4,682. 2,451,556. ear as a section. 15 16	12,338. 10,087,706. on 501(c)(3) 98.28 % 94.35 % 0.55 % 0.33 %
c 11 12 13 14 Section 15 16 Section 17	section 511 taxes) from businesses acquired after June 30, 1975	955.  1,509,233. e organization's ere ert Percentag 8, column (f), d hedule A, Part locome Percel (line 10c, colum 2 Schedule A, l nization did not	545.  1,564,539. s first, second e ivided by line III, line 15 . ntage nn (f), divided b Part III, line 17 check the box	2,600.  2,337,660. , third, fourth,	3,556.  2,224,718. or fifth tax ye	4,682.  2,451,556. ear as a section.  15 16  17 18 nore than 331/31	12,338. 10,087,706. on 501(c)(3) 98.28 % 94.35 % 0.55 % 0.33 % %, and line
c 11 12 13 14 Section 15 16 Section 17 18 19a	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	955.  1,509,233. e organization's ere  rt Percentag 8, column (f), d hedule A, Part come Perce (line 10c, colum 2 Schedule A, I nization did not and stop here.	545.  1,564,539. s first, second  e ivided by line III, line 15. ntage nn (f), divided by Part III, line 17 check the box The organization	2,600.  2,337,660. , third, fourth,  13, column (f))  by line 13, column, con line 14, aron qualifies as	3,556.  2,224,718. or fifth tax ye	4,682.  2,451,556. ear as a section	12,338. 10,087,706. on 501(c)(3) 98.28 % 94.35 % 0.55 % 0.33 % %, and line ion
c 11 12 13 14 Section 15 16 Section 17 18	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	955.  1,509,233. e organization's ere  rt Percentag 8, column (f), d hedule A, Part come Perce (line 10c, colum 2 Schedule A, I nization did not and stop here. zation did not c	545.  1,564,539. s first, second  • ivided by line ill, line 15.  ntage nn (f), divided by Part III, line 17 check the box The organization	2,600.  2,337,660. , third, fourth,  13, column (f))  by line 13, column (f))  con line 14, are on qualifies as a line 14 or line	3,556.  2,224,718. or fifth tax ye  mn (f)) and line 15 is ma publicly supp 19a, and line 16	4,682.  2,451,556. ear as a section	12,338.  10,087,706. on 501(c)(3)  98.28 % 94.35 %  0.55 % 0.33 % %, and line ion × 331/3%, and
c 11 12 13 14 Section 15 16 Section 17 18 19a	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	955.  1,509,233. e organization's ere ert Percentag 8, column (f), d hedule A, Part come Perce (line 10c, colum 2 Schedule A, I nization did not and stop here zation did not c box and stop h	545.  1,564,539. s first, second  e ivided by line III, line 15 ntage nn (f), divided by Part III, line 17 check the box The organization heck a box on ere. The organization	2,600.  2,337,660. , third, fourth,  13, column (f))  by line 13, column (f)  con line 14, are on qualifies as a line 14 or line fization qualifies	3,556.  2,224,718. or fifth tax years or fifth tax	4,682.  2,451,556. ear as a section.  15  16  17  18  nore than 331/3 orted organizate is more than 3	12,338.  10,087,706. on 501(c)(3) 98.28 % 94.35 %  0.55 % 0.33 % %, and line ion

### 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

ecu	on 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		res	NO
	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		
3а	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	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	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))? If "Yes," provide detail in <b>Part VI</b> .	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		
0a	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.)

Part	Supporting Organizations (continued)			ı
			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
	provide detail in <b>Part VI</b> .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
a b c	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity</li> </ul>	(see ir	nstruci	tions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below</i> .  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? <i>If "Yes" or "No," provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 **a** From 2018 . . . . . From 2019 **c** From 2020 **d** From 2021 . . . . . From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Excess from 2023 . . .

Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Pt III Ln 12: Other Income Part III, Line 12 Description: Miscellaneous 2019: 955. 2020: 545. 2021: 2600. 2022: 3556. 2023: 4682.

### SCHEDULE C (Form 990)

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

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

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

	see separate instructions), ti				
	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	of organization				tification number
	ntainTrue			56-14226	
Part	I-A Complete if the	e organization is exempt unde	er section 501(c	c) or is a section 527 o	organization.
1	•	f the organization's direct and in-	direct political ca	mpaign activities in Part	IV. See instructions for
	definition of "political car			_	
2		y expenditures. See instructions .			
3		cal campaign activities. See instruc			
	-	e organization is exempt und			
1	-	excise tax incurred by the organiza			
2	-	excise tax incurred by organization	•	section 4955 \$	
3	•	ed a section 4955 tax, did it file For	•	ear?	Yes No
4a					Yes No
b	If "Yes," describe in Part			·	( ) (0)
Part		e organization is exempt unde			(c)(3).
1		ly expended by the filing organiz			
				\$	
2		filing organization's funds contrib		anizations for section	
		vities			
3		expenditures. Add lines 1 and 2.		on Form 1120-POL,	
_					
4		n file Form 1120-POL for this year?			
5		ses, and employer identification nul			
		ents. For each organization listed, entributions received that were pro			
		fund or a political action committee			
			, ,		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization.  If none, enter -0
					,
(1)					
(2)					
(3)					
(4)					
(5)		<u> </u>			
(6)					

Schedule C (Form 990) 2023

	, ,						
Pa	rt II-A Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	d Form 5768 (ele	ection un	der		
Α		an affiliated group (and list in Part IV each affiliate	ed group member's	s name, ad	ldress,		
	EIN, expenses, and share of exces	,					
В	Check if the filing organization checked b	ox A and "limited control" provisions apply.					
		ring Expenditures	(a) Filing	(b) Affilia			
	(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group to	otals		
1	a Total lobbying expenditures to influence p	, ,,,	14,400.				
	<b>b</b> Total lobbying expenditures to influence a	a legislative body (direct lobbying)	45,765.				
	c Total lobbying expenditures (add lines 1a	and 1b)	60,165.				
	<b>d</b> Other exempt purpose expenditures		2,441,297.				
	e Total exempt purpose expenditures (add	lines 1c and 1d)	2,501,462.				
	f Lobbying nontaxable amount. Enter the amount from the following table in both						
	columns.		275,073.				
	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)	68,768.				
	h Subtract line 1g from line 1a. If zero or les	s, enter -0	0.				
	i Subtract line 1f from line 1c. If zero or less	s, enter -0	0.				
	j If there is an amount other than zero of	on either line 1h or line 1i, did the organization	file Form 4720		_		
	reporting section 4911 tax for this year? .			Yes	No		
	4-Yea	r Averaging Period Under Section 501(h)					
		tion 501(h) election do not have to complete all	of the five colum	ns below.			
	See the separate instructions for lines 2a through 2f.)						

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	(c) 2022	( <b>d)</b> 2023	(e) Total			
2a	Lobbying nontaxable amount	234,162.	238,795.	252,900.	275,073.	1,000,930.			
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,501,395.			
С	Total lobbying expenditures	35,000.	38,252.	48,680.	60,165.	182,097.			
d	Grassroots nontaxable amount	58,541.	58,541.	63,225.	68,768.	249,075.			
е	Grassroots ceiling amount (150% of line 2d, column (e))					373,613.			
f	Grassroots lobbying expenditures	5,000.	5,000.	8,000.	14,400.	32,400.			

Schedule C (Form 990) 2023

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Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	iled	Form	5768		
For ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(8	a)		(b)	
	iption of the lobbying activity.	Yes	No	Aı	nount	t
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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	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		-			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
		\(\( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		. 4		
Part I	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	)(5), (	or sec	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<b></b>	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<u> </u>	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	-	-	3		
Part I	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
	and political expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Part	IV Supplemental Information					
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	t); Par	t II-A, I	nes 1	and

Part IV	Supplemental Information (continued)

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Schedule C (Form 990) 2023

# SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Name o	f the organization		Employer identification number
Mou	ntainTrue		56-1422691
Par	t I Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	s or Accounts
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a		
_	funds are the organization's property, subject to the	= =	
6	Did the organization inform all grantees, donors, an		
	only for charitable purposes and not for the benefit conferring impermissible private benefit?		· · · · <u>_</u> _
ъ.			· · · · · · · · · · Yes No
Par			
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the o		
	Preservation of land for public use (for example, recreated to the land for public use)	·	
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	in the form of a conservation
_	easement on the last day of the tax year.	a a qualifica conscivation contribution	Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified hi		
d	Number of conservation easements included on line		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, trans	ferred, released, extinguished, or term	
	tax year <sub>0</sub>		
4	Number of states where property subject to conserv		1
5	Does the organization have a written policy regard		
	violations, and enforcement of the conservation eas	ements it holds?	· · · · · Tes 🗵 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	1		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year
_	0.		
8	Does each conservation easement reported on line		
9	and section 170(h)(4)(B)(ii)?		
9	sheet, and include, if applicable, the text of the foot		•
	organization's accounting for conservation easemer		tomorno triat decembes tris
Part	III Organizations Maintaining Collections	of Art Historical Treasures or (	Other Similar Assets
ı aı	Complete if the organization answered "		Stroi Cirilla Addeta
1a	If the organization elected, as permitted under FAS	<u>-</u>	e statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote to		
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue s	tatement and balance sheet works of
	art, historical treasures, or other similar assets held provide the following amounts relating to these item		earch in furtherance of public service,
			Φ.
	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>		<b>5</b>
2	(II) Assets included in Form 990, Part X	historical transuras or other similar	
2	following amounts required to be reported under FA	SB ASC 958 relating to these items.	
а	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		\$
b	Assets included in Form 990, Part X		\$

Part	III Organizations Maintaining Coll	lections of Art, His	torical Treasures	, or Other Similar	Assets (continued)
3	Using the organization's acquisition, access collection items (check all that apply).	ssion, and other recor	ds, check any of th	e following that make	e significant use of its
а	☐ Public exhibition	d	Loan or exchang	e program	
b	☐ Scholarly research				
С	☐ Preservation for future generations				
4	Provide a description of the organization's XIII.	collections and expla	ain how they further	the organization's ex	cempt purpose in Part
5	During the year, did the organization solic				
	assets to be sold to raise funds rather than	to be maintained as p	part of the organizati	on's collection? .	·
Part					
	Complete if the organization answays 990, Part X, line 21.	wered "Yes" on For	m 990, Part IV, line	e 9, or reported an	amount on Form
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?		-		not ·
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	llowing table.		
					Amount
С	Beginning balance			1c	
d	Additions during the year			1d	
е	Distributions during the year			1e	
f	Ending balance			1f	
2a	Did the organization include an amount on				· - ·
	If "Yes," explain the arrangement in Part XI	II. Check here if the ex	planation has been	provided in Part XIII	
Par					
	Complete if the organization ans				
		Current year (b) Prior	or year (c) Two year	rs back (d) Three years b	pack (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and losses				
d	Grants or scholarships				
е	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the cu	urrent year end balanc	e (line 1g, column (a	)) held as:	•
а	Board designated or quasi-endowment	%			
b	Permanent endowment %				
С	Term endowment %				
	The percentages on lines 2a, 2b, and 2c sh				
3a	Are there endowment funds not in the pos	session of the organia	zation that are held	and administered for	the
	organization by:				Yes No
	(i) Unrelated organizations?				. 3a(i)
	(ii) Related organizations?				. 3a(ii)
b	If "Yes" on line 3a(ii), are the related organization	•			. 3b
4	Describe in Part XIII the intended uses of the		wment funds.		
Part					
	Complete if the organization ans				00, Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0.			0.
b	Buildings				
С	Leasehold improvements		8,802.	8,802.	0.
d	Equipment		53,259.	44,631.	8,628.
е	Other		8,853.	8,853.	0.
Total.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part )	K, line 10c, column (l	B))	8,628.

 $\mathsf{B}\mathsf{A}\mathsf{A}$ 

	Part VII	Investments – Other Securities			
(including name of security)**	-	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
22 Closely held equity interests			(b) Book value	, ,	
(8) Other (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	(1) Financial	derivatives			
(B) (C) (C) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D					
(B) (C) (C) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	(3) Other				
C	(A)				
(5)   (6)   (7)   (8)   (9)   (9)   (9)   (9)   (1)   (1)   (2)   (2)   (2)   (3)   (4)   (2)   (2)   (3)   (4)   (2)   (2)   (3)   (4)   (2)   (3)   (4)					
(F)					
(F) (G) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P					
(15) (15) (16) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19					
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)     Part VIII   Investments - Program Related   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value					
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)   Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)					
Investments -   Program Related   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.    (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value		man (h) mayat a must Farma 000. Bart V. lina 10. and (D))			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of Investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value					
(a) Description of Investment (b) Book value (c) Method of Valuation: Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Part VIII		m 000 Part IV lin	o 11a Soo Form	000 Part V line 12
(1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10					
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) Book value (d) Book value (e) Book va		(a) Description of investment	(b) Book value		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) Book value (d) Book value (e) Book va	(1)				
(a) (b) (c) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e					
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) Right of Use Asset (2) Security Deposit (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Lease Liability (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))					
(5)   (6)   (7)   (8)   (9)   (9)   (1)   (2)   (2)   (2)   (2)   (3)   (4)   (5)   (6)   (9)   (1)   (2)   (2)   (2)   (2)   (3)   (4)   (5)   (6)   (6)   (6)   (7)   (8)   (9)					
G    C    C    C    C    C    C    C					
(8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))   Part IX   Other Assets   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   (a) Description   (b) Book value   90, 719   2] Security Deposit   3,524   (3)   (4)   (5)   (6)   (6)   (7)   (8)   (9)   (9)   (1)   (1)   (1)   (2)   (2)   (3)   (4)   (4)   (5)   (6)   (6)   (7)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)   (8)   (9					
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))   Part IX	(8)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   (a) Description   (b) Book value	(9)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   (a) Description   (b) Book value					
(1) Right of Use Asset 90,719 (2) Security Deposit 3,524 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 94, 243 Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Lease Liability 89,016 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 89,016	Part IX		m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
(2) Security Deposit 3,524 (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))		(a) Description			(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	(1) Right	of Use Asset			90,719.
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	(2) Securi	ity Deposit			3,524.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	(3)				
(6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	(4)				
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	(5)				
(8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))					
(9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))					
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))         94,243           Part X         Other Liabilities           Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.           1.         (a) Description of liability         (b) Book value           (1) Federal income taxes         89,016           (3)         (4)           (5)         (6)           (7)         (8)           (9)         Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))         89,016					
Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) Lease Liability 89, 016 (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		man (h) mayat agyal Farm 000 Part V line 15 and (D))			0.4.0.4.2
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) Lease Liability (89, 016)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))			<u> </u>	<u> </u>	94,243.
Line 25.   Lease Liability	PartA		m 000 Part IV lin	0 110 or 11f Co	Earm 000 Part V
(1) Federal income taxes (2) Lease Liability (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	_	line 25.	111 990, Fait IV, III	e i le di i il. Set	
(2) Lease Liability (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))					(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))					
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		Liability			89,016.
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))					
(6) (7) (8) (9) <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	'				
(7) (8) (9) <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))					
(8) (9) <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))					
(9) <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))					
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))					
		mn (b) must equal Form 000. Port V line 25, and (D))			00 016
			ote to the organization	· · · · · · · · · · · · · · · · · · ·	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . 🗵

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents	With Revenue per	Retu	rn
	Complete if the organization answered "Yes" on Form 990, I	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	2,207,887.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	13,978.		
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	31,020.		
e	Add lines 2a through 2d			2e	44,998.
3	Subtract line <b>2e</b> from line <b>1</b>			3	2,162,889.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i .			2,102,000.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	301,032.		
C	Add lines <b>4a</b> and <b>4b</b>			4c	301,032.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i>			5	
Part					2,463,921.
ıaıı	Complete if the organization answered "Yes" on Form 990, I				iui ii
1	Total expenses and losses per audited financial statements	arti	ν, πιο τΖα.	1	2 122 445
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	2,123,445.
2	Donated services and use of facilities	100	1		
a		2a			
b	Prior year adjustments	2b			
C	Other losses	2c	21 000		
d	Other (Describe in Part XIII.)	2d	31,020.	0-	21 000
e	Add lines 2a through 2d			2e	31,020.
3		; ·		3	2,092,425.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	١.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	409,037.		
С	Add lines <b>4a</b> and <b>4b</b>			4c	409,037.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	2,501,462.
Part	• •				V " 4 D 1 V "
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
2, Fai	Al, lines 2d and 4b, and Part All, lines 2d and 4b. Also complete this part	to pro	ovide arry additional in	ioiiia	uon.
P+ T	I, Line 9: As a by-product of its stream-bank rest	orat	tion work. Moun	tain	True
hold	s four conservation easements on small tracts of p	prope	erty bordering	or a	ccessing
stre	ams on the Watauga River. All of the easements wer	e re	eceived by dona	tion	١.
As p	ermitted by generally accepted accounting principa	als,	the organizati	on h	ıas
elec	ted not to recognize the value of the easements in	ı its	s financial sta	teme	ents.
Pt X, Line 2: MountainTrue is exempt from federal income taxes under 501(c)(3)					
of the Internal Revenue Code. However, the Code also provides that income from					
cert	ain activities not related to the organization's t	ax-e	exempt purpose	may	be
				_	
subj	ect to taxation as unrelated business income. The	orga	anization had n	o in	ıcome
	ect to taxation as unrelated business income. The unrelated business activities for 2023 and was the				
from		nere	fore not requir	ed t	.0

Part XIII Supplemental Information (continued)	
all tax positions taken, and as such, does not have any uncertain tax positions	
that are material to the financial statements.	
Pt XI, Line 2d: Event Expenses \$11,634; Cost of Goods Sold \$19,386	
Pt XII, Line 2d: Event Expenses \$11,634; Cost of Goods Sold \$19,386	
Pt XI, Line 4b: Fiscal Sponsorship Income \$301,032	
Pt XII, Line 4b: Fiscal Sponsorship Expenses \$409,037	

### **SCHEDULE G** (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

Mour	ntainTrue					56-1422691	
Par	Fundraising Activities. Form 990-EZ filers are n				vered "Yes" on F	Form 990, Part IV,	line 17.
1 a b c d 2a b	Indicate whether the organization  Mail solicitations  Internet and email solicitation  Phone solicitations  In-person solicitations  Did the organization have a writtor key employees listed in Form If "Yes," list the 10 highest paid compensated at least \$5,000 by	ten or oral agre 990, Part VII) o individuals or e	e f g cement with rentity in coentities (fundament)	Solicitati Solicitati Special the any individual connection with the solicitation in t	on of non-govern on of government fundraising events lual (including offi with professional f	ment grants grants cers, directors, trust undraising services	? Yes No
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No			
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3	List all states in which the orgal registration or licensing.				olicit contribution	s or has been notifi	ed it is exempt from

Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 French Broad River Float Trip (event type)	(b) Event #2 Watershed Gala (event type)	(c) Other events  None (total number)	(d) Total events (add col. (a) through col. (c))	
Revenue	1	Gross receipts	10,845.	14,630.		25,475.	
ď	2	Less: Contributions	0.	6,261.		6,261.	
	3	Gross income (line 1 minus line 2)	10,845.	8,369.		19,214.	
	4	Cash prizes					
	5	Noncash prizes					
sesu	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
Direc	8	Entertainment					
	9	Other direct expenses .	3,922.	7,046.		10,968.	
	10	Direct expense summary. Ad	ld lines 4 through 9 in c	olumn (d)		10,968.	
	11	Net income summary. Subtra				8,246.	
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E2	e organization answe			or reported more than	
ant			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue		0					
_	1	Gross revenue					
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses .					
	6	Volunteer labor	<ul><li>☐ Yes %</li><li>☐ No</li></ul>	<ul><li>☐ Yes %</li><li>☐ No</li></ul>	<ul><li>☐ Yes %</li><li>☐ No</li></ul>		
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)			
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)			
	9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?						
	<b>b</b> If	"Yes," explain:					

Schedu	ule G (Form 990) 2023		Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the		
	amount of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	☐ Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		

### **SCHEDULE I** (Form 990)

### **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** MountainTrue 56-1422691 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant (book, FMV, appraisal, other) or government (if applicable) grant noncash assistance noncash assistance or assistance (1) Latinos Aventureros 4363 Stone Mountain Drive Gastonia NC 28054 88-3506698 501c3 10,000. Community Recreation (10)(11)(12)

Schedule I (Form 990) 2023

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistar
rogram	8		82,795.	Payment	Septic Repair
rogram - Naturalist	1	21,350.			
Supplemental Information. Pro	vide the information re	guired in Part I lin	  a_2: Part III_colum	n (b): and any other addi:	tional information

BAA

### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number

Name of the organization MountainTrue 56-1422691 Types of Property Part I

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			ints
1	Art—Works of art			, , , ,				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	×	9	94,898.	FMV			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation contribution—Historic							
	structures							
14	Qualified conservation contribution—Other							
15	Real estate - Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (Composting Toilets)	×	1	2,360.	FMV			
26	Other ()							
27	Other ()							
28 29	Other ( ) Number of Forms 8283 received	by the or	conization during the tax y	year for contributions for				
29	which the organization completed	Form 8283	B Part V Donee Acknowled	daement	20			
	p.o.o.gaaop.o.oa	0200	,, , , , , , , , , , , , , , , , , , , ,	.go	29	v	es l	No
30a	During the year, did the organization	tion receive	by contribution any prope	arty reported in Part I lines	1 through	•	63 1	10
Jua	28, that it must hold for at least 3	years from	the date of the initial contri	ibution, and which isn't req	uired to be			
	used for exempt purposes for the		ing period?			30a	$\perp$	×
b	If "Yes," describe the arrangemen							
31	Does the organization have a contributions?					31	×	
32a	Does the organization hire or use contributions?		=	s to solicit, process, or se		32a		×
b 33	If "Yes," describe in Part II. If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	perty for which column (a) i	s checked,			
Tau Dau	perwork Reduction Act Notice, see the Inst	rustions for E	orm 000 BAA	EV 05/00/24 PDO	Schedule	M /Earm	. 000\	2022

Schedule M (Form 990) 2023 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

# SCHEDULE O (Form 990)

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

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

Attach to Form 990 or Form 990-EZ.

**2023** 

Employer identification number

56-1422691

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

MountainTrue

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

Open to Public Inspection

Pt VI, Line 6: The organization does have members, but with no authority over
the day-to-day operating decisions of the governing body of the organization.
They cannot exercise significant control.
Pt VI, Line 7a: Members may elect the Board of Directors, amend the Articles
and Bylaws, and approve any merger, consolidation of dissolution of the organization.
Otherwise, members shall have no voting privileges.
Pt VI, Line 11b: The 990 is prepared by independent accountants, reviewed by
management, presented to the Finance Committee for review, and once it is approved, presented
to the entire Board for final approval or proposed revision.
Pt VI, Line 12c: According to MountainTrue's Conflict of Interest Policy, each
director, principal officer and member of a committee with governing board-delegated
powers shall annually sign a statement, which affirms such person: (a) Has received
a copy of the conflicts of interest policy; (b) Has read and understands the
policy; (c) Has agreed to comply with the policy; (d) Understands the Organization
is charitable and in order to maintain its federal tax exemption it must engage
primarily in activities which accomplish one or more of its tax-exempt purposes.
Any Board Member with a conflict of interest on any specific issue informs the
Board and abstains from voting on the issue.
Pt VI, Line 15a: In the annual budgeting process, the Board approves a budget
line for aggregate salary expense. The Board of Directors sets the Co-Directors'
salaries after a performance review and a recommendation from the Personnel Committee.
Thereafter, individual salaries and salary increases for employees are determined
by the Co-Directors using performance reviews as a basis.
Pt VI, Line 18: Forms 990 are available on our website and on the websites of
charity watch organizations. Form 1023 is available upon request.

**Employer identification number** 

MountainTrue 56-1422691 Pt VI, Line 19: By-laws, conflict of interest policy and audited financial statements are available upon request. Additionally our audited financial statements are available on our website. Pt VI, Section C, Line 17: State: GA Pt IX, Line 24e: Description: Board Expense Total: \$3,140 Program services: \$0 Management and general: \$3,140 Fundraising: \$0 ..... Description: Organization Sponsorships Total: \$1,728 Program services: \$1,453 Management and general: \$0 Fundraising: \$275 Description: Grant Expenses-Sponsor Orgs Total: \$4,650 Program services: \$4,650 Management and general: \$0 Fundraising: \$0 Description: Pass-Thru Expenses-Spons. Orgs Total: \$263,998 Program services: \$263,998 Management and general: \$0 Fundraising: \$0 ..... Description: Supplies - Sponsored Org

Schedule O (Form 990) 2023 Name of the organization **Employer identification number** MountainTrue 56-1422691 Total: \$9,118 Program services: \$7,750 Management and general: \$456 Fundraising: \$912 Description: TravelMeals/Ent - Sponsored Org Total: \$65 Program services: \$55 Management and general: \$3 Fundraising: \$7

2023

Name Employer Identification No. MountainTrue 56-1422691

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Board Expense	3,140.	0.	3,140.	0.
Organization Sponsorships	1,728.	1,453.	0.	275.
Grant Expenses-Sponsor Orgs	4,650.	4,650.	0.	0.
Pass-Thru Expenses-Spons. Orgs	263,998.	263,998.	0.	0.
Supplies - Sponsored Org	9,118.	7,750.	456.	912.
TravelMeals/Ent - Sponsored Org		55.		
Total to Form 990, Part IX, line 24e	282,699.	277,906.	3,599.	1,194.

# Additional Information For Tax Return

MountainTrue	<u>56-1422691</u>
Form 990 p 6: Line 17-1	
The organization maintains a charitable solicitation license with the North Carolina Secretary of State (NC Spart of its annual renewal process, the organization must submit a copy of the Form 990 filed with the IRS to SOS, Charitable Solicitation License Division.	/
Schedule D: Part II, line 7	
Conservation easement monitoring is performed by volunteers.	

Form **8879-TE** 

### **IRS E-file Signature Authorization** for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_, 20 Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer 56-1422691 MountainTrue Name and title of officer or person subject to tax Robert Wagner, Executive Director Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. Form 990 check here . . . X **b Total revenue**. if any (Form 990, Part VIII, column (A), line 12) . . . 2,463,921. Form 990-EZ check here . . . **b Total revenue**, if any (Form 990-EZ, line 9) . . . . . . . . 3a Form 1120-POL check here . . **b Total tax** (Form 1120-POL, line 22) . . . . . . . . . . Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5) . 4a 4b **b Balance due** (Form 8868, line 3c) . . . . . . . . . . . . **Form 8868** check here . . . . 5b Form 990-T check here . . . **b** Total tax (Form 990-T, Part III, line 4) . . . . . . . . . . . . . . . Form 4720 check here . . . **b Total tax** (Form 4720, Part III, line 1) . . . . . . . . . . . 7a 7b Form 5227 check here . . . **b FMV** of assets at end of tax year (Form 5227, Item D) . . . . **Form 5330** check here . . . □ **b Tax due** (Form 5330, Part II, line 19) . . . . . . . . . . . 9h 92 10a Form 8038-CP check here . . **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that 🗵 I am an officer of the above entity or 🗌 I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only ▼ I authorize CORLISS & SOLOMON, PLLC to enter my PIN as my signature **ERO firm name** Enter five numbers, but on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Robert Wagner Signature of officer or person subject to tax 10/22/2024 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 6 1 9 1 3 8 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I

number (EFIN) followed by your five-digit self-selected PIN.

am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date 10/22/2024 ERO's signature

### ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So