## Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A I	or the	2023 calenda	ar year, or tax year beginning 01/01/2023 and ending	12/31/20	)23
В	Check if ap	plicable:	C Name of organization D En	nployer ic	dentification number
	Address cl	hange	3	31-1622868	
Ц	Name cha	elephone r	number		
$\overline{}$	Initial retur		PO Box 3	9:	37-867-5212
=	Finai returi Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	roup Exe	emption
=	Application		Fairborn, OH 45324	lumber	
G /	Account	ing Method:	☐ Cash  ✓ Accrual Other (specify):	k 🗌 if th	e organization is <b>not</b>
1 1	Vebsite	: bwgreen			tach Schedule B
				า 990).	
			✓ Corporation ☐ Trust ☐ Association ☐ Other:		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asse		
(Pa	rt II, colu	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ	. \$	115,572
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the inst	ructions	s for Part I)
		Check if	the organization used Schedule O to respond to any question in this Part I		<u>/</u>
	1	Contributio	ons, gifts, grants, and similar amounts received	. 1	65,066
	2	Program se	ervice revenue including government fees and contracts	2	0
	3	Membersh	ip dues and assessments	3	9,241
	4	Investment	income	4	36,425
	5a	Gross amo	unt from sale of assets other than inventory 5a	0	
	b	Less: cost	or other basis and sales expenses	0	
	С	Gain or (los	ss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	0
	6	Gaming an	d fundraising events:		
ne	а		ome from gaming (attach Schedule G if greater than	0	
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of contributions		
è			aising events reported on line 1) (attach Schedule G if the		
_		sum of suc	h gross income and contributions exceeds \$15,000)   6b   4,8	40	
	С	Less: direc	t expenses from gaming and fundraising events 6c 4	57	
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac	t	
		line 6c) .		6d	4,383
	7a	Gross sale	s of inventory, less returns and allowances	0	
	b		of goods sold	0	
	С	Gross prof	it or (loss) from sales of inventory (subtract line 7b from line 7a)	7с	0
	8	Other rever	nue (describe in Schedule O)	. 8	0
	9	Total reve	<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 9	115,115
	10		l similar amounts paid (list in Schedule O)		0
	11		aid to or for members		0
es	12		ther compensation, and employee benefits		0
Expenses	13		al fees and other payments to independent contractors		19,261
ĝ	14		/, rent, utilities, and maintenance		2,316
Ш	15		ublications, postage, and shipping	15	1,928
	16		enses (describe in Schedule O)	16	12,650
	17	Total expe	nses. Add lines 10 through 16	. 17	36,155
ts	18		deficit) for the year (subtract line 17 from line 9)		78,960
se	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		
As		-	r figure reported on prior year's return)		302,986
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)	_	0
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	21	381,946

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Par	t II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	258,996	22	337,956
23	Land and buildings		[	43,990	23	43,990
24	Other assets (describe in Schedule O)		[	0	24	0
25				302,986	25	381,946
26	Total liabilities (describe in Schedule O)		[	0	26	0
27	Net assets or fund balances (line 27 of column			302,986	27	381,946
Part	Statement of Program Service Accom	plishments (see th	e instructions for F			
	Check if the organization used Schedule					Expenses
What	is the organization's primary exempt purpose?	Conservation of land	d and water resource	es		quired for section
	ribe the organization's program service accompli	chments for each of	ite three largest n	rogram services	,	(c)(3) and 501(c)(4) anizations; optional for
	leasured by expenses. In a clear and concise m				othe	
	ons benefited, and other relevant information for ea		p. 00.1.000	.,		
28	Acquiring conservation easements on land to legally	protect sensitive ec	osystems, including	wetlands.		
	Benefits approximately 300000 residents of Greene					
	to protect water supply and green space. Estimated					
		includes foreign gra	nts, check here .	$\square$	28a	8,833
29	Perform annual monitoring of easement properties a					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Benefits the approximately 300,000 residents of Gre					
	easements are honored, thus protecting our water si					
		includes foreign gra		$\square$	29a	4,104
30	Provide educational programs, newsletters, working		,			,
	Benefits approximately 600 members and attendees					
	and the processes required to preserve it. Estimated					
		includes foreign gra			30a	5,732
31	Other program services (describe in Schedule O)					,
					31a	3,661
	(Grants \$ 0) If this amount	illiciades loreign gra	mo, oneon nere .			
32					32	22,330
32 Pari	Total program service expenses (add lines 28a t	through 31a)			32	22,330
	Total program service expenses (add lines 28a t	through 31a) Employees (list each	one even if not com	pensated—see the ir	<b>32</b> nstruc	22,330
	Total program service expenses (add lines 28a to Live List of Officers, Directors, Trustees, and Key	through 31a) Employees (list each	one even if not com	pensated – see the ir	<b>32</b> nstruc	22,330 ctions for Part IV)
	Total program service expenses (add lines 28a to the control of th	through 31a)  r Employees (list each O to respond to ar  (b) Average	one even if not compy question in this  (c) Reportable compensation	pensated—see the ir	32 nstruc	22,330 ctions for Part IV)
	Total program service expenses (add lines 28a to Live List of Officers, Directors, Trustees, and Key	through 31a)  r Employees (list each O to respond to ar  (b) Average hours per week	one even if not com ny question in this (c) Reportable	pensated—see the in Part IV	32 nstruc	22,330 ctions for Part IV)
	Total program service expenses (add lines 28a to the control of th	through 31a)  r Employees (list each O to respond to ar  (b) Average	one even if not compy question in this  (c) Reportable compensation (Forms W-2/1099-MISC.	pensated—see the in Part IV	32 nstruc	22,330 ctions for Part IV)
Part	Total program service expenses (add lines 28a to the control of th	through 31a)  r Employees (list each O to respond to ar  (b) Average hours per week	one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC, 1099-NEC)	pensated—see the in Part IV	32 nstruc	22,330 ctions for Part IV)
Part	Total program service expenses (add lines 28a to 10	through 31a)  Femployees (list each O to respond to ar  (b) Average hours per week devoted to position	one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC, 1099-NEC) (if not paid, enter -0-)	pensated—see the in Part IV	32 nstruc 	22,330 ctions for Part IV)
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Robe Presi Jame	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ert Jurick dent, Trustee	through 31a)  Femployees (list each O to respond to ar  (b) Average hours per week devoted to position	one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC, 1099-NEC) (if not paid, enter -0-)	pensated—see the in Part IV	32 nstruc 	22,330 ctions for Part IV)
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Robe Presi Jame Treas	Total program service expenses (add lines 28a to the liver of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title  ent Jurick ident, Trustee es Byrd surer, Trustee	through 31a)  Femployees (list each O to respond to ar (b) Average hours per week devoted to position 15.00	one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC, 1099-NEC) (if not paid, enter -0-)	coensated—see the ir Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruction	22,330 ctions for Part IV)
Robe Presi Jame Treas Eliza Secre	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title  ent Jurick ident, Trustee es Byrd surer, Trustee beth Freeze	through 31a)  Femployees (list each O to respond to ar (b) Average hours per week devoted to position 15.00	one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC, 1099-NEC) (if not paid, enter -0-)	pensated—see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruction	22,330 ctions for Part IV)
Robe Presi Jame Treas Eliza Secre	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ert Jurick ident, Trustee es Byrd surer, Trustee beth Freeze etary, Trustee mas Duffee	through 31a)  Femployees (list each O to respond to ar  (b) Average hours per week devoted to position  15.00  9.00	one even if not commy question in this  (c) Reportable compensation (Forms W-2/1099-MISC, 1099-NEC) (if not paid, enter -0-)	pensated—see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc 	22,330 ctions for Part IV)
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Robee Presi Jame Treas Eliza Secre Thon Parlid Eric Truss Saral	Total program service expenses (add lines 28a to 10	through 31a)  Femployees (list each O to respond to ar (b) Average hours per week devoted to position 15.00 9.00 1.50 6.00 2.00	one even if not comny question in this  (c) Reportable compensation (Forms W-2/1099-MISC, 1099-NEC) (if not paid, enter -0-)	coensated—see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruce (e) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Estimated amount of other compensation  0  0  0
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Robee Presi Jame Treas Eliza Secre Thon Parlii Eric Truss Saral Truss Treve Truss Katy Truss Benji Truss	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ert Jurick ident, Trustee es Byrd surer, Trustee beth Freeze etary, Trustee mentarian, Chair of Board, Trustee Borth tee h Wallentine tee brushelder Buddelmeyer tee amin Noll	through 31a)	one even if not comny question in this  (c) Reportable compensation (Forms W-2/1099-MISC) 1099-NEC) (if not paid, enter -0-)  0  0  0  0  0	pensated—see the ir Part IV	32 nstruc 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0  0  0  0  0
Robee Presi Jame Treas Eliza Secre Thon Parlii Eric Truss Saral Truss Treve Truss Katy Truss Benji Truss	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ert Jurick Ident, Trustee es Byrd surer, Trustee beth Freeze etary, Trustee mentarian, Chair of Board, Trustee Borth tee h Wallentine tee Buddelmeyer tee amin Noll tee and Cox	through 31a)	one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC, 1099-NEC) (if not paid, enter -0-)  0  0  0  0 0 0	pensated—see the ir Part IV	32 nstruc	Estimated amount of other compensation  0  0  0  0  0  0
Robe Presi Jame Treas Secre Thon Parlii Eric Trusi Saral Trusi Katy Trusi Katy Trusi Mich	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ert Jurick Ident, Trustee es Byrd surer, Trustee beth Freeze etary, Trustee mentarian, Chair of Board, Trustee Borth tee h Wallentine tee Buddelmeyer tee amin Noll tee and Cox	through 31a)	one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC, 1099-NEC) (if not paid, enter -0-)  0  0  0  0 0 0	pensated—see the ir Part IV	32 nstruc	Estimated amount of other compensation  0  0  0  0  0  0

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<b>&gt;</b>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		<b>\</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		/
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>&gt;</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911:			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed: OH			
42a	The organization's books are in care of: James Byrd Telephone no.	937-86	7-5212	2
	Located at: PO Box 3 Fairborn OH 45324	451	324	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		<b>✓</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
110	Did the examination maintain any dense advised funds duving the very 15 "Ver" France 000 must be		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		/
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<b>/</b>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		/
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	1Eh		./

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Z (2023)						Pa	age -
						Yes	No
		Parti			·   46		<i>V</i>
		stions 47–49h and	52 and cor	nnlete th	e tables f	or line	20
( )( )	is must answer que	3110113 47 400 4114	52, and cor	iipicic iii	c tables i	01 11110	,3
	hedule () to respond	to any question in t	this Part VI				
Officer if the organization asca Sc	ricadic o to respond	to arry question in	ins rait vi	· · ·	<u></u>	Yes	No
d the organization engage in lobbying	activities or have a	section 501(h) election	on in effect d	urina the	tax		
							/
		i)? If "Yes." complete	Schedule F				ン
_		•					~
						es, and	d key
							-
	(b) Average	(c) Reportable	(d) Health b	penefits,			
(a) Name and title of each employee	hours per week	compensation					
	devoted to position	1099-NEC)			other con	iperisati	OH
	-						
	-						
	-						
otal number of other employees paid ov	ver \$100,000						
			contractors	who each	n received	more	thar
00,000 of compensation from the orga	nization. If there is no	ne, enter "None."					
(a) Name and business address of each independent	dent contractor	(b) Type of ser	vice	(c)	Compensation	on	
atal number of other independent contr	actors each receiving	Over \$100,000					
-	=						
	uie A? <b>Note:</b> All se	cuon sunce (s) orga	anizations mi	ust attact	_		Jo.
<u> </u>		vine cabadulas and statem					
					nowleage and	i bellet, i	IT IS
	<u> </u>		,				
Signature of officer			Date				
	rindirectly, in political campaign activities on behalf of or in opposition "complete Schedule C, Part 1						
Type or print name and title							
	Preparer's signature	D	ate		, PTIN		
				ı Check I	it I		
er			Firm'	self-emplo			
			Firm'	self-emplo s EIN			
	d the organization engage, directly or i candidates for public office? If "Yes," Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51.  Check if the organization used So did the organization engage in lobbying ar? If "Yes," complete Schedule C, Part the organization a school as described if the organization as school as described if the organization make any transfers if "Yes," was the related organization as smplete this table for the organization's imployees) who each received more that (a) Name and title of each employee  Ital number of other employees paid on one plete this table for the organization one plete o	d the organization engage, directly or indirectly, in political c candidates for public office? If "Yes," complete Schedule C, Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer que 50 and 51.  Check if the organization used Schedule O to respond d the organization engage in lobbying activities or have a sar? If "Yes," complete Schedule C, Part II	d the organization engage, directly or indirectly, in political campaign activities or candidates for public office? If "Yes," complete Schedule C, Part I.  Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47–49b and 50 and 51. Check if the organization used Schedule O to respond to any question in it of the organization engage in lobbying activities or have a section 501(h) electrically activities are section for the organization as school as described in section 170(b)(1)(A)(iii)? If "Yes," complete of the organization make any transfers to an exempt non-charitable related organization was the related organization as section 527 organization?  In the organization make any transfers to an exempt non-charitable related organization was the related organization of section 527 organization?  In the organization make any transfers to an exempt non-charitable related organization was the hore organization as exempt non-charitable related organization was the hore organization of the organization of the hore organization in the organization of players week devoted to position  In the organization or the organization of the hore organization. If there is none, enter "None."  (a) Name and title of each employee paid over \$100,000 organization organization. If there is none, enter "None."  (b) Type of ser  It the organization complete Schedule A? Note: All section 501(c)(3) organized Schedule A.  It is of perjury, I declare that I have examined this return, including accompanying schedules and statem, and complete. Declaration of preparer (other than officer) is based on all information of which preparer of the p	d the organization engage, directly or indirectly, in political campaign activities on behalf of or candidates for public office? If "Yes," complete Schedule C, Part I	d the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposite candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete th 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  If the organization engage in lobbying activities or have a section 501(h) election in effect during the ary If "Yes," complete Schedule C, Part II  the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  If the organization a school as described in section 152 Organization?  Yes," was the related organization is of Section 527 organization?  Tyes," was the related organization is five highest compensated employees (other than officers, direct hiployees) who each received more than \$100,000 of compensation from the organization. If there is non the organization in the organization in the organization and the organization in the or	d the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition candidates for public office? If "Yes," complete Schedule C, Part 1	d the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition candidates for public office? If "Yes," complete Schedule C, Part 1

## **SCHEDULE A** (Form 990)

**Public Charity Status and Public Support** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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	Name of the organization Employer identification number						
	B-W GREENWAY COMMUNITY LAND TRUST 31-1622868						
Part I Reason for Public Cha						ons.	
The organization is not a private found		,		-	•		
1 A church, convention of church					0(b)(1)(A)(i).		
2 A school described in section		,		•	\/A\/:::\		
<ul><li>3  A hospital or a cooperative ho</li><li>4  A medical research organizati</li></ul>						(iii) Enter the	
hospital's name, city, and stat	te:						
5 An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in	
<ul> <li>A federal, state, or local gover</li> <li>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 <b>section 170(b</b> )	(1)(A)(vi). (Complete I	Part II.)				
9 An agricultural research organ or university or a non-land-gra university:	ant college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or	
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization a	it income and uni	reiated business taxai	bie incom	ie (iess se	ection 5 i i tax) from	o fees, and gross 33 <sup>1</sup> / <sub>3</sub> % of its businesses	
11 An organization organized and	d operated exclus	sively to test for public	c safety.	See <b>sect</b> i	ion 509(a)(4).		
12 An organization organized and							
one or more publicly supporte the box on lines 12a through 1							
a Type I. A supporting organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t			
b Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same				
c Type III functionally integ						ally integrated with,	
d Type III non-functionally that is not functionally interrequirement (see instructional see instructions).	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an		
e Check this box if the organ functionally integrated, or	nization received	a written determination	on from tl	ne IRS tha	at it is a Type I, Type	e II, Type III	
f Enter the number of supported							
<b>g</b> Provide the following information	n about the supp	orted organization(s).					
(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)							
Total							

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 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) 13 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 

Schedule A (Form 990) 2023 Page **3** 

## 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.)

Secti	on 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.")	57,020	44,157	60,711	87,451	79,439	328,778
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	400	100	0	0	0	500
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	<b>Total.</b> Add lines 1 through 5	57,420	44,257	60,711	87,451	79,439	329,278
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	9,200	9,100	10,360	8,375	2,550	39,585
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
	Add lines 7a and 7b	9,200	9,100	10,360	8,375	2,550	39,585
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						289,693
	on B. Total Support	( ) 0040	# \ 0000	( ) 0004	( 1) 0000	( ) 0000	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
9	Amounts from line 6	57,420	44,257	60,711	87,451	79,439	329,278
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources						
L-		13,403	19,377	27,958	4,711	36,425	101,874
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	13,403	19,377	27,958	4,711	36,425	101,874
11	Net income from unrelated business	13,403	17,377	21,730	4,711	30,423	101,074
•••	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	70,823	63,634	88,669	92,162	115,864	431,152
14	First 5 years. If the Form 990 is for the						
	organization, check this box and stop he	re					
Secti	on C. Computation of Public Suppor	t Percentage	е				
15	Public support percentage for 2023 (line 8	3, column (f), di	ivided by line	13, column (f))		15	67.19 %
16	Public support percentage from 2022 Sch					16	69.96 %
Secti	on D. Computation of Investment In	come Percer	ntage				
17	Investment income percentage for 2023 (			-		17	23.63 %
18	Investment income percentage from 2022					18	17.65 %
19a	331/3% support tests—2023. If the organ						
	17 is not more than 331/3%, check this box		_	-		_	_
b	33 <sup>1</sup> / <sub>3</sub> % support tests—2022. If the organiz						
	line 18 is not more than 331/3%, check this l	_	=	•	· · · · · ·	-	_
20	Private foundation. If the organization di	d not check a l	box on line 14,	19a, or 19b, c	heck this box	and see instru	ctions . $\square$

Schedule A (Form 990) 2023 Page 4

#### **Supporting Organizations** Part IV

(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.)

## Se

secti	on A. All Supporting Organizations		<b>V</b>	NI-
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		Yes	No
2	class or purpose, describe the designation. If historic and continuing relationship, explain.  Did the organization have any supported organization that does not have an IRS determination of status	1		
	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)			
50	purposes.  Did the ergenization add substitute or remove any supported ergenizations during the tay year? If "Vee."	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			
b	was accomplished (such as by amendment to the organizing document).  Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
С	designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 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 <b>Part VI</b> .	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? <i>If "Yes," provide detail in Part VI</i> .	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> .	9b 9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
	determine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2023 Page 6

	(			. ugo -
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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		
c	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 suppo	rting organization

Schedule A (Form 990) 2023 Page 7

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 . . . . . **e** 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 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 5 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 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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.)

# 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** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

**Employer identification number** Name of the organization **B-W GREENWAY COMMUNITY LAND TRUST** 31-1622868 Form 990-EZ, Part I, Line 16 - Other expenses were \$1641 for advertising and fundraising, \$685 for Dues, fees, and subscriptions, \$1079 for meeting and events costs, \$4246 for insurance and \$5000 for development of a local foods directory. Form 990-EZ, Part III, Line (28-31) - Form 990-EZ, Part III, Line 31, Other Program Services - \$1344 - Our organization participates jn several other environmental and conservation organizations in the area, collaborating and assisting with projects and events that work to improve the environment for area citizens.

Schedule O, Statement 1

### **B-W GREENWAY COMMUNITY LAND TRUST**

Form: **Form 990-EZ (2023)** EIN: **31-1622868** 

Page: **2** 

Part III, Line 31

- California Garage	7.000 mphoninonic	
Description	Grants And Includes Allocations Foreign Grants	Program Service Expenses
Other program services (describe in Schedule O).	0	3,661
Total:		3,661