### **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. 2022 Open to Public Inspection

	artment of ti mal Revenu	he Treasury e Service	Go to www.irs.gov/Form990 for instructions and the latest inf	•	Inspection
			lendar year, or tax year beginning , and end	ing	
	Check if a		C Name of organization Putney Mountain Association Incorporated		identification number
	Address c	hange	Doing business as		
		_	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	03-0316666	<b>;</b>
	Name cha	ange	P.O. Box 953	E Telephone	number
	Initial retu	m	City or town State ZIP code	440-506-499	Q1
	Final return/	terminated	Putney VT 05346		51
			Foreign country name Foreign province/state/county Foreign postal co		
	Amended	return		G Gross rece	eipts \$ 468,450
	Application	n pending	F Name and address of principal officer:	(a) Is this a group return fo	or subordinates? Yes X No
				(b) Are all subordinates	
	Tax avan	nt status:		If "No," attach a list	
<u> </u>	Tax-exem				
J	Website:	WW		(c) Group exemption n	lumber
к	Form of o	organizatior	I: X Corporation Trust Association Other L Year of	f formation: 1946	M State of legal domicile: VT
F	Part I	Su	mmary		•
	1			serve undeveloped	d land in
e			stern Vermont for the benefit and enjoyment of present and future generation		
lan			he natural habitat and wildlife corridor of the area.		
err		Check t		more than 25% o	
Activities & Governance	2		of voting members of the governing body (Part VI, line 1a)		3 18
~	4		of independent voting members of the governing body (Part VI, line Ta).		4 18
es			mber of individuals employed in calendar year 2022 (Part V, line 2a).		5 0
viti	5		mber of volunteers (estimate if necessary).		
<b>\cti</b>	6		related business revenue from Part VIII, column (C), line 12		
-	7a		elated business taxable income from Form 990-T, Part I, line 11		7a 0 7b 0
	b	net unit		Prior Year	Current Year
	8	Contribu	utions and grants (Part ∨III, line 1h).................		3,364 467,137
Revenue	9		n service revenue (Part VIII, line 2g)	170	0 0
ven	10		ent income (Part VIII, column (A), lines 3, 4, and 7d).	45	5,271 63
Re	11			40	0 1,250
	12		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,635 468,450
	13		and similar amounts paid (Part IX, column (A), lines 1–3)	223	0 0
	14				0 0
	1.4-		paid to or for members (Part IX, column (A), line 4)		0 0
ses	10		onal fundraising fees (Part IX, column (A), line 11e)		
en	16a				
Expenses	b			20	3,071 61,634
_	17 18		<pre>kpenses (Part IX, column (A), lines 11a–11d, 11f–24e)</pre>		3,071 61,634 61,634
	19		e less expenses. Subtract line 18 from line 12		5,564 406,816
		Revenu		Beginning of Current	
Net Assets or	20	Total as	sets (Part X, line 16)	1,198	
Asse	21		bilities (Part X, line 26)	1,100	0 1,000,000
Net	22		ets or fund balances. Subtract line 21 from line 20	1,198	3,418 1,603,880
	art II		Inature Block	1,150	,,410 1,000,000
			I declare that I have examined this return, including accompanying schedules and statements, an	nd to the best of my kno	owledge
			ect, and complete. Declaration of preparer (other han officer) is based on all information of which pr		
Si		Signati	Ire of officer	Date	
He	ere	Ŭ	iel Quintal Interim	Chair	
			Type or print name and title		
		Prin	t/Type preparer's name Preparer's signature	Date	PTIN
Pa	id			I I	heck if
	eparer	Ror	ald Smith Ronald Smith	6/16/2023 se	elf-employed P01481996
	e Only		r's name RHR Smith & Company	Firm's EIN	04-3383155
			's address 3 Old Orchard Road, Buxton, ME 04093	Phone no.	207-929-4606
Ma	v the IR	S discus	s this return with the preparer shown above? See instructions		

For Paperwork Reduction Act Notice, see the separate instructions.  $\ensuremath{\mathsf{HTA}}$ 

Form 9	990 (2022) Putney Mountain Association Incorporated	03-0316666	Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Pa	rt III	
1	Briefly describe the organization's mission:		
	Putney Mountain Association believes there is a vital link between humans and the natural		
	environment. Our primary objectives are to strengthen that link by preserving undeveloped		
	land in agutheestern Verment for the benefit and enjoyment of present and future		
	generations and to protect the natural habitat and wildlife corridor of the area.		
2	Did the organization undertake any significant program services during the year which wer	e not listed on	
	the prior Form 990 or 990-EZ?		X No
	, If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, an	/ program	
•	services?		X No
	If "Yes," describe these changes on Schedule O.		
4	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		
	the total expenses, and revenue, if any, for each program service reported.	or grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 39,314 including grants of \$	) (Povonuo <sup>¢</sup>	)
4a	Acquisition - PMA initiated a major fund-raising initiative for the purchase of a 140-acre par		
	(Hinton Woods). Raised a total of \$54,543 in private donations and grant awards of \$289,		
	purchased the property in December of 2022. A Conservation Easement was placed upon		
	is now permanently protected from development, wildlife and plant habitat is preserved, an access for outdoor recreation is guaranteed.		
	access for outdoor recreation is guaranteed.		
4h	(Code: ) (Expanses * 12.027 including grants of *	) (Poyonuo <sup>¢</sup>	)
4b	(Code: ) (Expenses \$ 12,027 including grants of \$ Stewardship - Stewardship of 926 acres* of forestland and wetlands. Documentation of fe		)
	listed Endangered Species and state listed Species of Greatest Conservation need. Mapp	ing and	
	monitoring of seven vernal pools. Breeding bird surveys conducted at 13 sites. Monitoring		
	management of invasive species. Completed turnpike construction on a seriously eroded	portion	
	of the trail from Banning Road to the summit which is used daily by volunteer shepherds d	ling	
	grazing season. Constructed a new kiosk for Grassy Road trailhead. Maintenance of trail		
	the public. *Stewardship includes payment of all related property taxes and insurance.		
	the public. Stewardship includes payment of an related property taxes and insurance.		
4c	(Code:) (Expenses \$1,422 including grants of \$	) (Pevenue ¢	)
40	Grazing - Purchased, assembled and installed a new solar powered water pump in a surfa		)
	provide water for 6 sheep that graze on invasive glossy buckthorn on the Putney Mountain		
	Other program convises (Describe on Schedule O)		
4d	Other program services (Describe on Schedule O.)	¢ • • • •	
	(Expenses \$ 0 including grants of \$ 0 ) (Revenue	\$ 0)	
4e	Total program service expenses 52,763		

Form 990 (2022) Putney Mountain Association Incorporated

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,"			1
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I.	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		х
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	-		
Ŭ	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		х
6		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			v
_	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		х
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			<u> </u>
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		х
А	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	44.4		v
		11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	11e		<u> </u>
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			~
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			1
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate			1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			1
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III.	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	24		v
	domestic government of ratio, column (A), the rest complete schedule i, ratio ratio in $(A)$ , the rest is ratio in $(A)$ , the rest is ratio in $(A)$ .	21		Х

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Form 990 (2022)
Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
<b>0</b> 0	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2Ja	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
07	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV.	28a		X
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		Х
U	"Yes," complete Schedule L, Part IV.	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
22	<i>complete Schedule N, Part II</i>	32		<u>X</u>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	26		v
37	organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
	reportable gamming (gambining) winnings to prize winners?	IC	∧	

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Pai	rt 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 2a 0	)		
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		Х
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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		Х
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?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	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 10b			
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		
	excess parachute payment(s) during the year?	15		Х
	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		X
	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.			

Form 9	90 (2022)	Putney Mountain Association Incorporated			16666	Р	age <b>6</b>
		Governance, Management, and Disclosure For each "Yes" response to lines 2 throug	jh 7b t	elow, and for	a "No'	4	
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang					ions.
		Check if Schedule O contains a response or note to any line in this Part VI . $% \mathcal{A}_{\mathrm{S}}$ .					Х
Sect	ion A. C	overning Body and Management					
						Yes	No
1a		e number of voting members of the governing body at the end of the tax year $\ldots$ .	1a	1	3		
		are material differences in voting rights among members of the governing body, or					
	-	verning body delegated broad authority to an executive committee or similar					
		ee, explain on Schedule O.					
b	Enter th	e number of voting members included on line 1a, above, who are independent	1b	1	3		
2	Did any	officer, director, trustee, or key employee have a family relationship or a business relations	hip wit	h			
	any othe	er officer, director, trustee, or key employee?..........................			2	Х	
3	Did the	organization delegate control over management duties customarily performed by or under	the dire	ect			
	supervis	ion of officers, directors, trustees, or key employees to a management company or other p	erson?	?	3		Х
4	Did the o	rganization make any significant changes to its governing documents since the prior Form 990 wa	as filed'	?	4		Х
5	Did the	organization become aware during the year of a significant diversion of the organization's a	assets?	<b>?</b>	5		Х
6	Did the	prganization have members or stockholders?			6	Х	
7a	Did the	organization have members, stockholders, or other persons who had the power to elect or	appoin	it			
	one or r	nore members of the governing body?			7a	Х	
b	Are any	governance decisions of the organization reserved to (or subject to approval by) members	i,				
	stockho	ders, or persons other than the governing body?			7b		Х
8	Did the	organization contemporaneously document the meetings held or written actions undertake	n durin	g			
	the year	by the following:					
а	The gov	erning body?			8a	Х	
b	Each co	mmittee with authority to act on behalf of the governing body?			8b		Х
9		any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
		ganization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9		Х
Sect	ion B. F	<b>Policies</b> (This Section B requests information about policies not required by the	Intern	al Revenue	Code.	)	
						Yes	No
-		organization have local chapters, branches, or affiliates?			10a		Х
b		did the organization have written policies and procedures governing the activities of such of					
		, and branches to ensure their operations are consistent with the organization's exempt pu	-		10b		
11a		organization provided a complete copy of this Form 990 to all members of its governing body befo	re tiling	the form?.	11a	Х	
b		e on Schedule O the process, if any, used by the organization to review this Form 990.			10	X	
12a		organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	 		12a	X	
b		cers, directors, or trustees, and key employees required to disclose annually interests that could g	•	e lo connicis?	12b	Х	
C		organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> '			120	v	
12		organization have a written whistleblower policy?			12c	Х	v
13 14		organization have a written document retention and destruction policy?			13 14		X X
14		process for determining compensation of the following persons include a review and appro			14		^
15		dent persons, comparability data, and contemporaneous substantiation of the deliberation	-	veision?			
-		anization's CEO, Executive Director, or top management official.			150		v
a b	-	ficers or key employees of the organization			15a 15b		X X
D D		to line 15a or 15b, describe the process on Schedule O. See instructions.			150		^
16a		organization invest in, contribute assets to, or participate in a joint venture or similar arrang	lement				
Iua		xable entity during the year?	-		16a		Х
b		did the organization follow a written policy or procedure requiring the organization to evalu			Toa		~
b		tion in joint venture arrangements under applicable federal tax law, and take steps to safe					
		nization's exempt status with respect to such arrangements?	-		16b		
Sect	-	Disclosure	•••		100		
<u> </u>		states with which a copy of this Form 990 is required to be filed					
18		6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990	) and §	90-T (section	501(c)		
		i) available for public inspection. Indicate how you made these available. Check all that approximate the second state is the second state of t			551(0)		
				on Schedule O	)		
19		e on Schedule O whether (and if so, how) the organization made its governing documents,	•				
		ncial statements available to the public during the tax year.			·- <i>j</i> ,		
20		e name, address, and telephone number of the person who possesses the organization's b	books a	and records			
		Linda Renfro		860) 490-8410	6		
		P.O. Box 953, Putney, VT 05346					

Form 990 (2022)	Putney Mountain Association Incorporated	03-0316666	Page <b>7</b>						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	ensated							
	<b>Employees, and Independent Contractors</b> Check if Schedule O contains a response or note to any line in this Part VII								
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Empl	oyees							
1a Complete t	a 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.

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

<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	rson lirect	e than c is bo h or/trustr employee	i an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Cathryn Abbott	5.00									
Co-Chair	0.00	Х		Х						
(2) Geordie Heller	5.00									
Co-Chair	0.00	Х		Х						
(3) Steve Connor	5.00									
Vice Chair	0.00	Х		Х						
(4) Elizabeth Bissell	5.00									
Treasurer	0.00	Х		Х						
(5) Karen George	5.00									
Secretary	0.00	Х		Х						
(6) Steve Anderson	2.00									
Trustee	0.00	Х								
(7) John Barnett	2.00									
Trustee	0.00	Х								
(8) Hugh Davis	2.00									
Trustee	0.00	Х								
(9) Richard Fletcher	2.00									
Trustee	0.00	Х								
(10) Hector Galbraith	2.00									
Trustee	0.00	Х								
(11) Adam Gilbert	2.00									
Trustee	0.00	Х								
(12) Maureen McOwen	2.00									
Trustee	0.00	Х								
(13) Libby Mills	2.00									
Trustee	0.00	Х								
(14) Andrew Morrison	2.00									
Trustee	0.00	Х								

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(C)											
(A)	(B)	(do r	not cl	Pos		e than c	ano	(D)	(E)		(F)
Name and title	Average	•				is both		Reportable	Reportable	Estim	ated amount
	hours			1		or/trust		compensation	compensation		of other
	per week (list any	Individual trustee or director	Inst	Officer	Kej	Highest compensated employee	Former	from the organization (W-2/	from related organizations (W-2/		npensation from the
	hours for	ivid. dire	Institutional	icer	Key employee	hes: ploy	mer	1099-MISC/	1099-MISC/	orga	nization and
	related	ual t	ona		oldt	/ee		1099-NEC)	1099-NEC)	related	organizations
	organizations below	rus	f		yee	mpe					
	dotted line)	ee	trustee			ssue					
			Ű			ited					
(15) Lies Pasterkamp	2.00										
Trustee	0.00	х									
(16) Sam Quintal	2.00	^									
		v									
Trustee	0.00	Х									
(17) Linda Renfro	2.00	v									
Trustee	0.00	Х									
(18) Pat Shields	2.00										
Trustee	0.00	Х									
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
(25)											
1b Subtotal								0	0		0
c Total from continuation sheets to Part VII, Se								0	0		0
d Total (add lines 1b and 1c)								0	0		0
2 Total number of individuals (including but not lir							ved	more than \$100	-	1	
reportable compensation from the organization				-,				····· • • • • • •	,		0
											Yes No
3 Did the organization list any former officer, dire	ctor. trustee. kev	/ em	olov	ee.	or h	niahes	st co	mpensated			
employee on line 1a? If "Yes," complete Sched	•		-			•				3	Х
4 For any individual listed on line 1a, is the sum of										-	
the organization and related organizations grea		-							h		
individual						ipiele	30		1	4	V
						• •	·			4	X
5 Did any person listed on line 1a receive or accr											
								5	Х		
Section B. Independent Contractors											
1 Complete this table for your five highest compe compensation from the organization. Report co										tav vo	ər
				uu	yea		l			(C	
(A) Name and business add	ress							(B) Description of ser	vices	u) Compen	
	-								-		
											0
							<u> </u>				0
											0
											0
							1				0

2	Total number of independent contractors (including but not limited to those listed above) who received	
	more than \$100,000 of compensation from the organization	

	990 (202	,		ion Incorp	orate	d			03-03166	66 Page <b>9</b>
Par	t VIII									
		Check if Schedule O co	ntains	s a respon	se or	note to any line in	this Part VIII			X
							<b>(A)</b> Total revenue	(B) Related or exempt func ion revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
s s	1a	Federated campaigns			1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b	0				
٦ ق	С	Fundraising events			1c	0				
ur A	d	Related organizations			1d	0				
s, G nila	е	Government grants (contrib		,	1e	225,000				
Sir	f	All other contributions, gifts	-							
buti		similar amounts not include			1f	242,137				
l of I	g	Noncash contributions inclu				<b>* TO 000</b>				
		lines 1a-1f			1g		407 407			
	n	Total. Add lines 1a-1f				Business Code	467,137			
ë	2a						0			
ه کز							0			
Jram Serv Revenue	c						0			
ĒŠ	d						0			
т Б м	е						0			
Program Service Revenue	f	All other program service re					0			
	g	Total. Add lines 2a–2f					0			
	3	Investment income (includi	-							
		other similar amounts)					63			63
	4	Income from investment of		•	nd pro	ceeds	0			
	5	Royalties	<u></u>	 (i) Re:	 ol	(ii) Demonal	0			
	6.	Cross rents	6.	(I) Rea	ai	(ii) Personal				
	6a b	Gross rents	6a 6b							
	C D	Rental income or (loss)	6C		0	0				
	d	Net rental income or (loss)					0			
	7a	Gross amount from		(i) Secur		(ii) Other				
		sales of assets								
		other than inventory	7a		0	0				
anue	b	Less: cost or other basis								
ven		and sales expenses	7b		0	0				
Other Reve	С	Gain or (loss).....			0	0				
ler	d	Net gain or (loss)			<u></u>		0			
oth	8a	Gross income from fundrais events (not including \$	sing	0						
		of contributions reported or	line	0 1c)						
		See Part IV, line 18			8a	0				
	b	Less: direct expenses			8b	0				
	с	Net income or (loss) from fu			its .		0			
	9a	Gross income from gaming	activ	ities.						
		See Part IV, line 19			9a	0				
	b	Less: direct expenses			9b	0				
	С	Net income or (loss) from g		g activities	<u></u>		0			
	10a	Gross sales of inventory, le								
		returns and allowances			10a					
	b	Less: cost of goods sold .			10b		•			
	C	Net income or (loss) from s	ales		у	Business Code	0			
Miscellaneous Revenue	11a					Dusiliess COUR	0			
cellaneo Revenue	b						0			
ella Ve	c						0			
S C R	d	All other revenue					1,250	1,250		
Σ	е	Total. Add lines 11a–11d .		<u></u>	<u></u>		1,250			
	12	Total revenue. See instruct					468,450	1,250	0	63

Statement of Functional Expenses

following SOP 98-2 (ASC 958-720)

#### 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 . . (C) (D) (B) (A) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21. . . 0 2 Grants and other assistance to domestic individuals. See Part IV. line 22. 0 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . . . . n 0 4 5 Compensation of current officers, directors, 0 0 Compensation not included above to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . 0 0 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . 0 9 0 10 0 Fees for services (nonemployees): 11 0 а 13,558 13,558 b 2,575 2,575 С 0 d 0 Professional fundraising services. See Part IV, line 17 . . . е 1.769 1.769 f Other. (If line 11g amount exceeds 10% of line 25, column g (A), amount, list line 11g expenses on Schedule O.). 0 0 12 2.906 2.906 1,744 123 1,007 13 614 14 0 15 0 0 16 17 0 18 Payments of travel or entertainment expenses ٥ for any federal, state, or local public officials . . . . 19 Conferences, conventions, and meetings . . . . . 0 20 0 0 21 22 Depreciation, depletion, and amortization . . . . . 0 0 0 23 2,544 2,544 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) Stewardship 20,488 а 20,488 b Property Tax\_\_\_\_\_ 5,391 5,391 Land Easement Appraisal/Filing Fees/Surveys 8,118 8,118 С Maintenance 1,119 1,119 d All other expenses 1,422 1,422 е ------Total functional expenses. Add lines 1 through 24e . 61,634 52,763 5,351 3,520 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

	n 990 (2	;	orated			03-0316666 Page <b>11</b>
Pa	art X		a note to any line in this Dart V			
		Check if Schedule O contains a response or	note to any line in this Part X		• •	
				(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest-bearing		900	1	72,757
Assets	2	Savings and temporary cash investments		122,476	2	106,021
	3	Pledges and grants receivable, net	0	3	0	
	4	Accounts receivable, net	0	4	0	
	5	Loans and other receivables from any current of				
		trustee, key employee, creator or founder, subs	0	~		
	_	controlled entity or family member of any of the	0	5		
	6	-	Loans and other receivables from other disqualified persons (as defined			
	_	under section 4958(f)(1)), and persons described	0	6		
	7	Notes and loans receivable, net	0	7	0	
As	8	Inventories for sale or use		0	<u>8</u> 9	
	9	Prepaid expenses and deferred charges		0	9	
	10a	Land, buildings, and equipment: cost or	1 1 1 5 0 0 0 0			
	h	other basis. Complete Part VI of Schedule D	<b>10a</b> 1,159,200 <b>10b</b> 0	702 200	40-	1 150 200
	b	Less: accumulated depreciation		793,300 281,742	<u>10c</u> 11	1,159,200
	11 12	Investments—publicly traded securities Investments—other securities. See Part IV, line		201,742	12	265,902
	12	Investments—program-related. See Part IV, line	0	13	0	
	13			0	14	0
	14	Intangible assets		0	15	0
	16	Total assets. Add lines 1 through 15 (must equ		1,198,418	16	1,603,880
	17	Accounts payable and accrued expenses		1,190,418	17	1,003,000
	18	Grants payable		0	18	
	19	Deferred revenue		0	19	
	20	Tax-exempt bond liabilities		0	20	
	20	Escrow or custodial account liability. Complete		0	20	
s	22	Loans and other payables to any current or forr		0	<u> </u>	
Liabilities	~~	trustee, key employee, creator or founder, subs				
bil		controlled entity or family member of any of the		0	22	
Lia	23	Secured mortgages and notes payable to unrel		0	23	0
	24	Unsecured notes and loans payable to unrelate		0	24	0
	25	Other liabilities (including federal income tax, pa		•		<u> </u>
		parties, and other liabilities not included on line	,			
			· · · · · · · · · · · · · · ·	0	25	0
	26	Total liabilities. Add lines 17 through 25		0	26	0
S		Organizations that follow FASB ASC 958, ch			-	
<b>JCe</b>		and complete lines 27, 28, 32, and 33.				
ılar	27	Net assets without donor restrictions		195,215	27	216,007
ä	28	Net assets with donor restrictions		1,003,203	28	1,387,873
pd		Organizations that do not follow FASB ASC		1,000,200		1,001,010
Ē		and complete lines 29 through 33.				
o	29	Capital stock or trust principal, or current funds		0	29	
ets	30	Paid-in or capital surplus, or land, building, or e		0	30	
SS	31	Retained earnings, endowment, accumulated ir		0	31	
<b>Net Assets or Fund Balances</b>	32	Total net assets or fund balances		1,198,418	-	1,603,880
ž	33	Total liabilities and net assets/fund balances .		1,198,418		1,603,880
				,,. <b>.</b>		Form <b>990</b> (2022)

Form 990 (2022) Putney Mountain Association Incorporated 03-0316666 Page 12 **Reconciliation of Net Assets** Part XI Х Check if Schedule O contains a response or note to any line in this Part XI . . . . . . 1 1 468,450 61,634 2 2 3 3 406,816 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). 4 1,198,418 5 5 -38,254 6 6 7 7 8 8 9 9 36,900 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 column (B)). 10 1,603,880 **Financial Statements and Reporting** Part XII Check if Schedule O contains a response or note to any line in this Part XII. Yes No Accounting method used to prepare the Form 990: Cash Accrual X Other Modified Cas 1 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 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 compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Were the organization's financial statements audited by an independent accountant? . . . . . . . . . . 2b Х b 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 If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of С 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 on Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a 3a Х If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the b required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . 3b

Form 990 (2022)

SCHEDULE A (Form 990)

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

(Form 990)		-	otatus ana i				2022			
	-						Open to Public			
Department of the Treasury	990 or Form 99		1990 for instructions ar	nd the late	st informa					
Internal Revenue Service Name of the organization	00	to www.irs.gov/r orn			stimorina	Employer identification				
Putney Mountain Assoc	iation Incorporate	ed					16666			
Part I Reason fo	or Public Char	ity Status. (All or	rganizations must co	omplete t	his part.)	See instructions.				
The organization is not	•	•	•	-		,				
1 A church, conv	ention of church	es, or association o	f churches described ir	n section	170(b)(1)	(A)(i).				
			ach Schedule E (Form							
3 A hospital or a	cooperative hos	pital service organiz	zation described in <b>sec</b>	tion 170(l	b)(1)(A)(iii	i).				
hospital's nam	hospital's name, city, and state:									
	n operated for th <b>)(1)(A)(iv).</b> (Com		e or university owned	or operate	d by a go	vernmental unit des	cribed in			
6 A federal, state	e, or local govern	ment or governmer	ntal unit described in <b>se</b>	ection 170	(b)(1)(A)(	v).				
		eceives a substantia <b>(A)(vi).</b> (Complete F	al part of its support fro Part II.)	m a gove	rnmental ι	init or from the gene	ral public			
			A)(vi). (Complete Part							
9 An agricultural or university o university:	research organi a non-land-grar	zation described in nt college of agricult	section <b>170(b)(1)(A)(ix</b> ure (see instructions).	) operated Enter the	d in conjur name, city	nction with a land-gr , and state of the co	ant college llege or			
10 An organizatio receipts from a support from g	activities related ross investment	to its exempt function income and unrelated	an 33 1/3% of its suppo ons, subject to certain e ed business taxable in See <b>section 509(a)(2).</b>	exceptions	; and (2) r s section {	no more than 33 1/3 511 tax) from busine	% of its			
	•		ly to test for public safe	· ·						
12 An organizatio	n organized and publicly support	operated exclusive	ly for the benefit of, to period escribed in <b>section 509</b> ribes the type of suppo	perform th 9(a)(1) or s	e function section 50	s of, or to carry out <b>)9(a)(2).</b> See <b>sectio</b>	n 509(a)(3).			
the support	ed organization(		ervised, or controlled b Ilarly appoint or elect a t <b>ions A and B.</b>							
control or m	nanagement of th		r controlled in connecti ization vested in the sa ections A and C.							
c Type III fur	ctionally integr	ated. A supporting of	organization operated i You must complete F				rated with,			
that is not f	unctionally integr	ated. The organizat	ting organization operation generally must sati	sfy a distr	ibution red	quirement and an at				
e Check this	box if the organiz	zation received a wr	blete Part IV, Sections itten determination fror Illy integrated supportir	n the IRS	that it is a		e III			
-	per of supported						0			
		n about the support	ed 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

0

0

OMB No. 1545-0047

Sche	dule A (Form 990) 2022 Putney Mc	ountain Associatio	n Incorporated			03-03166	66 Page <b>2</b>
Ра	rt II Support Schedule for Orga						
	(Complete only if you checke				•		nder
	Part III. If the organization fa	ils to qualify un	der the tests lis	sted below, plea	ase complete F	Part III.)	
-	tion A. Public Support	( ) 00 ( 0	(1) 00 (0	( ) 0000	( 1) 000 (	( ) 0000	
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contr butions, and						
	membership fees received. (Do not	400.000	74.404	04 707	470.004	407 407	000.070
2	include any "unusual grants.")	168,260	74,491	94,727	178,364	467,137	982,979
2	organization's benefit and either paid						
	to or expended on its behalf						0
3	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	168,260	74,491	94,727	178,364	467,137	982,979
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						<b>F7 4 4 F</b>
c	shown on line 11, column (f)						57,415 925,564
<u>6</u> Sec	Public support. Subtract line 5 from line 4 stion B. Total Support						925,504
-	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	168,260	74,491	94,727	178,364	467,137	982,979
8	Gross income from interest, dividends,			0.,		,	
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	103	146	156	178	63	646
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.).					1,250	1,250
11	Total support. Add lines 7 through 10					1,230	984,875
12	Gross receipts from related activities, etc. (s	ee instructions)				12	0
13	First 5 years. If the Form 990 is for the orga	,					
	organization, check this box and stop here						🔲
Sec	tion C. Computation of Public Su	pport Percenta	age				
14	Public support percentage for 2022 (line 6, c	olumn (f), divided b	by line 11, column (	f))		14	93.98%
15	Public support percentage from 2021 Sched	ule A, Part II, line 1	4			15	83.39%
16a	33 1/3% support test—2022. If the organiz						
	and stop here. The organization qualifies as		-				X
b	33 1/3% support test—2021. If the organiz						г—1
4-	box and <b>stop here</b> . The organization qualifie						· · · · · L
1/a	<b>10%-facts-and-circumstances test—2022</b> 10% or more, and if the organization meets	-					
	Part VI how the organization meets the facts						
	organization		0	•			[
b	10%-facts-and-circumstances test-2021	-					
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the factor organization .		0	•			
18	Private foundation. If the organization did						· · · · <b></b>
10	instructions						
							· · · · · ·

Pa	rt III Support Schedule for Orga (Complete only if you checked				ration failed to	auglifi under [	Dort II
	If the organization fails to qu			•		quality under i	Part II.
Sec	tion A. Public Support			, p			
-	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contribu ions, and membership fees						
	received. (Do not include any "unusual grants.")						0
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						0
3	Gross receipts from activi ies that are not an						
	unrelated trade or business under section 513.						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0
6		0	0	0	0	0	0
6 72	Total. Add lines 1 through 5	0	0	0	0	0	0
/a	received from disgualified persons						0
h	Amounts included on lines 2 and 3						<u> </u>
Ň	received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
с	Add lines 7a and 7b	0	0	0	0	0	
8	Public support (Subtract line 7c from						
	line 6.)						0
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						0
12	or not the business is regularly carried on . Other income. Do not include gain or						0
12	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						<u> </u>
	and 12.).	0	0	0	0	0	0
14	<b>First 5 years.</b> If the Form 990 is for the orga			-	-		
	organization, check this box and stop here			•	( ) ( )		
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2022 (line 8, c			(f))		15	0.00%
16	Public support percentage from 2021 Sched					16	0.00%
Sec	tion D. Computation of Investmer						
17	Investment income percentage for 2022 (line	e 10c, column (f), div	vided by line 13, c	olumn (f))		17	0.00%
18	Investment income percentage from 2021 Se		-			18	0.00%
19a	33 1/3% support tests-2022. If the organi	zation did not check	the box on line 1	4, and line 15 is mo	ore than 33 1/3%, a	and line 17 is	
	not more than 33 1/3%, check this box and <b>s</b>				-		📘
b	33 1/3% support tests—2021. If the organi						
•	line 18 is not more than 33 1/3%, check this	-	-				=
20	Private foundation. If the organization did r	not check a box on I	ine 14, 19a, or 19	b, check this box a	nd see instructions		

Putney Mountain Association Incorporated

Schedule A (Form 990) 2022

03-0316666

Page **3** 

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
	100	
1		
2		
-		
3a		
3b		
3c		
4a		
4a		
4b		
4c		
5a		
5b		
50 50		
6		
Ū		
7		
8		
0-		
9a		
9b		
9c		
10a		
4.81		
10b		

	ule A (Form 990) 2022 Putney Mountain Association Incorporated 03-0316	666	Р	age <b>5</b>
Part	IV Supporting Organizations (continued)			
		<u> </u>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI</b> .	11c		
Sect	tion 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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
		<u> </u>	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 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		
Sect	tion 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 Part VI 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		

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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

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

Yes No
Yes No
2a
2a
2b
3a
3a
4

Schedule A (Form 990) 2022

Schedule A	(Form	990)	2022
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (	Drganiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust c	on Nov. 20, 1970 <i>(explain l</i>	in Part VI). See
instructions. All other Type III non-functionally integrated supporting orga	nization	s must complete Sections	A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</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	0	0
e Discount 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	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,		-	-
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional		rated Type III supporting (	

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

Schedule A (Form 990) 2022

Part	V Type III Non-Functionally Integrated 509(a)(3		zations (continue		-0310000 Page 1
	on D - Distributions	/ • • • • • • • • • • • • • • • • • • •			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	3	
4	· · · · · · · · · · · · · · · · · · ·			4	
5		provide details in <b>Part VI</b>	)	5	
6				6	
7	Total annual distributions. Add lines 1 through 6.			7	0
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6		9	0	
10	Line 8 amount divided by line 9 amount			10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				0
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required— <i>explain in <b>Part VI</b>)</i> . See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e	0			
g	Applied to underdistributions of prior years			0	
h	Applied to 2022 distributable amount				0
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0			
4	Distributions for 2022 from				
	Section D, line 7: \$ 0				
a	Applied to underdistributions of prior years			0	
b	Applied to 2022 distributable amount				0
C	Remainder. Subtract lines 4a and 4b from line 4.	0			
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in <b>Part VI</b> . See instructions.			0	
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain				
	in <b>Part VI.</b> See instructions.				0
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.	0			
8	Breakdown of line 7:				
<u>a</u>					
b	Excess from 2019 0				
<u> </u>	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022 0				

Schedule A (Form 990) 2022

Schedule A (Fo		03-0316666	Page <b>8</b>
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 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, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 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, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	Section 1c, 2a, 2b,	

Schedule B	
(Form 990)	

Department of the Treasury

### **Schedule of Contributors**

OMB No. 1545-0047

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

2022

Employer identification number 03-0316666

Name of the organization	

Putney Mountain Association Incorporated

Organization type	(check one):
-------------------	--------------

Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

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

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

#### General Rule

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

#### **Special Rules**

Х	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the
	regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or
	16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or
	(2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

T duricy wie			00-0010000
Part I	Contributors (see instructions). Use duplicate co	opies of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Foreign State or Province: Foreign Country:	\$225,000	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Foreign State or Province: Foreign Country:	\$40,000	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Foreign Country:	\$14,000	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Foreign Country:	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Foreign State or Province: Foreign Country:	\$\$	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Foreign Country:	\$79,000	PersonXPayrollImage: Complete Part II for noncash contributions.)

Name of organization

Schedule B (Form 990) (2022)

Putney Mountain Association Incorporated

Employer identification number 03-0316666

	untain Association Incorporated		03-0316666
Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if additional sp	ace is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	Land	\$	12/31/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		    \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$\$	

Employer identification number

Schedule B (Form 990) (2022)

Name of organization

Putney Mountain Association Incorporated

Schedule B (F	orm 990) (2022)			Page				
Name of org				Employer identification number				
Putney Mo Part III	(10) that total more than the following line entry. Fo contributions of \$1,000 or	aritable, etc., contrik \$1,000 for the year fr r organizations compl less for the year. (Ent	om any one contributor. ( eting Part III, enter the total er this information once. Se	03-0316666         lescribed in section 501(c)(7), (8), or         Complete columns (a) through (e) and         I of exclusively religious, charitable, etc.,         ee instructions.)				
(a) No. from	Use duplicate copies of Pa (b) Purpose of		c) Use of gift	(d) Description of how gift is held				
Part I								
			(e) Transfer of gift					
	Transferee's name	, address, and ZIP +	4 Rela	ationship of transferor to transferee				
	For. Prov.	Country						
(a) No. from Part I	(b) Purpose of		(c) Use of gift	(d) Description of how gift is held				
			(e) Transfer of gift					
	Transferee's name	, address, and ZIP +	4 Rela	ationship of transferor to transferee				
	 For. Prov.	Country		······				
(a) No. from Part I	(b) Purpose of	gift	(c) Use of gift	(d) Description of how gift is held				
		·	(e) Transfer of gift					
	Transferee's name	, address, and ZIP +	4 Rela	ationship of transferor to transferee				
	 For. Prov.	Country						
(a) No. from Part I	(b) Purpose of	gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name	, address, and ZIP +	4 Rela	ationship of transferor to transferee				
	 For. Prov.	Country						

SCHE	DULE D	
(Form	990)	

Department of the Treasury

# **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

ONID NO. 1343-0047
2022
Open to Public

Interna	Revenue Service	Go to www.irs.gov	/Form990 for instructions	and	the latest info	prmation.		Inspectio	n
Name	of the organization					Employer ider	ntification nur	nber	
Putne	v Mountain Assoc	ciation Incorporated					03-0316	666	
Part	Organizati	ions Maintaining Donor A	dvised Funds or Oth	er S	Similar Fund	ds or Acc			
		f the organization answere							
			(a) Donor advised			(b)	Funds and o h	her accounts	
1	Total number at e	end of year	(4)		-				
2		contributions to (during year).							
3		grants from (during year)							
4		at end of year							
5		ion inform all donors and donc	r advisors in writing that t	ha a	ssets held in (	donor advis	od		
5	-	anization's property, subject to	-					Yes	No
6		ion inform all grantees, donors						163	
0	•	e purposes and not for the ben		-					
		missible private benefit?						Yes	No
Dout				• •		· · · · ·	· · · ·	162	
Part		tion Easements.		<b>-</b> .	N/ II				
		f the organization answere							
1	- · · · ·	nservation easements held by	•						
	Preservation	of land for public use (for exampl	e, recreation or education)		Preservation	of a historie	cally import	ant land are	ea
	Protection of	f natural habitat			Preservation	of a certifie	d historic s	tructure	
	Preservation	of open space							
2		a through 2d if the organization	n held a qualified conserva	ation	contribution i	in the form (	of a conserv	vation	
		last day of the tax year.						ne End of the 1	Tax Year
а	Total number of c	conservation easements				. 2a			
b	Total acreage res	stricted by conservation easem	ents			2b			
с	-	ervation easements on a certific							
d		ervation easements included in			• •				
	on a historic strue	cture listed in the National Reg	ister			<b>2</b> d			
3	Number of conse	ervation easements modified, t	ansferred, released, extir	iguis	hed, or termir	nated by the	organizatio	on during	
	the tax year								
4		where property subject to cor							
5	-	ation have a written policy reg		-		-			
		nforcement of the conservation						Yes	No
6	Staff and volunteer	hours devoted to monitoring, ins	pecting, handling of violation	is, an	nd enforcing co	nservation ea	asements du	iring the year	r
7	Amount of expense	es incurred in monitoring, inspecti	ng, handling of violations, ar	nd en	forcing conserv	vation easem	ents during	the year	
8	Does each conse	ervation easement reported on	line 2(d) above satisfy the	e req	uirements of	section 1/0	(h)(4)(B)(I)		<b></b>
•		h)(4)(B)(ii)?							NO
9		ribe how the organization repo							
		nd include, if applicable, the te		gani	zation's financ	cial stateme	nts that des	scribes the	
Devi		counting for conservation ease		<del>.</del>		011			
Part		ions Maintaining Collection				Jtner Sim	llar Asset	is.	
4.		f the organization answere n elected, as permitted under I							
1a	•	prical treasures, or other simila	· · · ·						
								ance or	
h		ovide in Part XIII the text of the						oot	
U	-	n elected, as permitted under l							
		prical treasures, or other simila		TIDIT	ion, education	i, or researd	urther	ance of	
		ovide the following amounts re	•				۴		
		uded on Form 990, Part VIII, lir							
~		ed in Form 990, Part X							
2	•	n received or held works of art				ior financia	ii gain, prov	ide the	
-	-	s required to be reported unde	-				¢		
a L		d on Form 990, Part VIII, line 1							
0	Assets included I	n Form 990, Part X			<u></u>	<u> </u>	. Ф		

	lule D (Form 990) 2022 Putney Mountain Ass	ociation Incorpora	ated				03-0316	666		Page <b>2</b>
Part	t III Organizations Maintaining Co	ollections of Ar	t, Histo	rical Trea	asures, or (	Other	<b>Similar Assets</b>	(contil	nued)	
3	Using the organization's acquisition, acc	ession, and other	records,	check any	of the followi	ing tha	t make significant i	use of it	s	
	collection items (check all that apply):									
а	Public exhibition		d	Loan or	exchange pro	ogram				
b	Scholarly research		е	Other						
с	Preservation for future generations			-						
4	Provide a description of the organization	's collections and	explain h	ow thev fu	urther the ora	anizatio	on's exempt purpo	se in Pa	art	
	XIII.			,	5					
5	During the year, did the organization soli	cit or receive dona	ations of a	art, historio	cal treasures,	or oth	er similar			
	assets to be sold to raise funds rather th							Ye	s	No
Part	IV Escrow and Custodial Arrang	ements.			-					
	Complete if the organization an		n Form 9	990. Part	IV. line 9. o	r repo	rted an amount	on For	m	
	990, Part X, line 21.				,					
1a	Is the organization an agent, trustee, cus	stodian or other in	termediar	v for cont	ributions or of	ther as	sets not			
	included on Form 990, Part X?							Ye	s	No
b	If "Yes," explain the arrangement in Part								<u> </u>	4
				•			A	mount		
С	Beginning balance					1	c			
d	Additions during the year					10	d			
е	Distributions during the year					1	e			
f	Ending balance					1	f			0
2a	Did the organization include an amount	on Form 990. Part	X. line 2	1. for escr	ow or custodi	ial acco	ount liabilitv?	Υe	s X	No
b	If "Yes," explain the arrangement in Part						-			1
Part										1
Fall	Complete if the organization an	sworod "Vos" o	n Earm (	000 Dart	IV line 10					
		(a) Current year		or year	(c) Two years	back	(d) Three years back	(a) Eo	ur years	back
19	Beginning of year balance	237,340	(0) FI	202,146		87,376	168,347			74,277
1a ⊾	Beginning of year balance				10	01,370	100,347		17	0
b		81,181		18,450		0	0	/		0
С	Net investment earnings, gains, and losses	-25,057		19,697	1	6,834	20,471			-4,507
d	Grants or scholarships	-23,037		19,097	1	0,034	20,471			- <u>4,507</u> 0
e	Other expenditures for facilities	0		0		0		' 		0
C	and programs	430		1,690		1,100	514			508
f	Administrative expenses	16,689		1,000		964	928	-		915
g	End of year balance	276,345		237,340	20	2,146	187,376		16	58,347
2	Provide the estimated percentage of the		balance (	,			101,010	<u>'</u>		0,011
a	Board designated or quasi-endowment	-	7%		(,,,					
b	Permanent endowment	49%								
С	Term endowment 34%									
	The percentages on lines 2a, 2b, and 2c	should equal 100	)%.							
3a	Are there endowment funds not in the po	ossession of the o	rganizatio	on that are	held and adr	ministe	red for the			
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related orga	anizations listed a	s required	d on Sche	dule R?			3b		
4	Describe in Part XIII the intended uses of	f the organization	's endowr	ment funds	S.					
Part	VI Land, Buildings, and Equipm	ent.								
	Complete if the organization an	swered "Yes" or	n Form §	990, Part	IV, line 11a	. See	Form 990, Part	X, line	10.	
	Description of property	(a) Cost or oth			or other basis		Accumulated		ook valu	e
		(investme	ent)	(0	other)		depreciation			
1a	Land		0		1,159,200				1,15	59,200
b	Buildings		0		0		0			0
С	Leasehold improvements		0		0		0			0
d	Equipment		0		0		0			0
е	Other		0		0		0			0
Tota	I. Add lines 1a through 1e. (Column (d) mu	st equal Form 99	0, Part X,	column (l	B), line 10c.) .				1,15	59,200

Part VII	Investments—Other Securities.			
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11b. See Form 99	90, Part X, line 12.
	<ul> <li>(a) Description of security or category (including name of security)</li> </ul>	(b) Book value	<b>(c)</b> Method of val Cost or end-of-year m	
• •	al derivatives	0		
	held equity interests	0		
(3) Other				
(A)				
<u>(B)</u>				
(C)				
(D)				
(E)				
(F) (G)				
( <u>G)</u> (H)				
. ,	nn (b) must equal Form 990, Part X, col (B) line 12)	0		
Part VIII	Investments—Program Related.			
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11c. See Form 99	90, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of val	
	(, +	(-)	Cost or end-of-year m	arket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u> (8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11d. See Form 99	90, Part X, line 15.
	(a) Descr	iption		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15)		0
Part X	Other Liabilities.			0
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11e or 11f. See F	orm 990, Part X,
	line 25.			
<b>1.</b> (1) Fordama		tion of liability		(b) Book value
. ,	Il income taxes			0
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) I	ine 25.)		0

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

Schedu	ule D (Form 990) 2022 Putney Mountain Association Incorporated	03-0316666	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII.)		
	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> ).	5	0
Part		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	<u> </u>	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	-	
b	Prior year adjustments         2b           Other leaves         2a	-	
C L	Other losses         2c           Other (Describe in Part XIII.)         2d	-	
d		20	0
е 3	Add lines <b>2a</b> through <b>2d</b>	2e 3	<u>     0</u> 0
4	Subtract line 2e from line 1       Amounts included on Form 990, Part IX, line 25, but not on line 1:	5	0
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	-	
	Add lines <b>4a</b> and <b>4b</b> .	4c	0
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> ).	5	0
	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V line 4 <sup>.</sup> Part X	line
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		,
	/ Line 4 Endowment funds will be used in accordance with donor-restrictions and		
1 art v			
board	I-designations to support our mission of preserving undeveloped land on Windmill Ridge		
board			
in So	utheastern Vermont.		

Part XIII	Supplemental Infor	mation (continued)	)		

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Putney Mountain Association Incorporated

Par	Types of Property						
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contr buted	<b>(c)</b> Noncash contr bution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con	(d) of determinir atribution am	
1	Art—Works of art						
2	Art—Historical treasures						
3	Art—Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods				ļ		
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded						
10	Securities—Closely held stock						
11	Securities—Partnership, LLC,						
	or trust interests						
12	Securities—Miscellaneous						
13	Qualified conservation						
	contribution—Historic						
14	structures				<u> </u>		<u> </u>
14	contribution—Other	х	1	70.000	Appraised Va		
15	Real estate—Residential	^	I	79,000	Appraised va	lue	<u> </u>
15	Real estate—Commercial						
17	Real estate—Other				ļ		
18	Collectibles						
19	Food inventory						<u> </u>
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archaeological artifacts						
25	Other()						
26	Other ()						
27	Other ()						
28	Other ( )						
29	Number of Forms 8283 received b		<b>u</b>				
	which the organization completed	Form 8283,	Part V, Donee Acknowledge	ement	29		0
					F	Yes	No
30a	During the year, did the organization			•	•		
	28, that it must hold for at least 3 y			-			
	to be used for exempt purposes fo		holding period?			30a	X
	If "Yes," describe the arrangement						
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard				X		
~~					X		
32a	•	•	•	· ·		20-	v
	noncash contributions?				X		
	If "Yes," describe in Part II.	omount in	olumn (a) for a time of more	orty for which column (-) :-			
33	If the organization didn't report an checked, describe in Part II.	amount in C	column (c) for a type of prop	erry for which column (a) Is			
	CHECKEU, UESCHDE III Fall II.						

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

	orm 990) 2022 Putney Mountain Association Incorporated	03-0316666	Page <b>2</b>
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a	and 33, and whe	ether
	the organization is reporting in Part I, column (b), the number of contributions, the numb		
	the organization is reporting in Part, column (b), the number of contributions, the numb		iveu,
	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. \_ . .

OMB No. 1545-0047

2022	
Open to Public	

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Inspection			
Name of the organization		Employer identification number			
Putney Mountain Asso	ciation Incorporated	03-0316666			
Form 990, Part I, Line 1: The Putney Mountain Association believes there is a vital link					
between human being	s and the natural environment. Our primary objectives are to strengthen				
that link by preserving	undeveloped land on Windmill Ridge in southeastern Vermont for the				
benefit and enjoyment	of present and future generations and to protect the natural habitat and				
wildlife corridor of the	area.				
Form 990, Part I, Line	6: Forty plus volunteers were involved in the community engagement,				
grazing and stewards	nip programs. Routine trail maintenance, weekly trail building and				
buckthorn work parties	s from Spring through Fall of 2022 as well as shepherding the sheep in				
PMA's Grazing Projec	t to control invasive glossy buckthorn on the summit of Putney Mountain.				
Volunteer trail adopter	s provided cleanup, chain sawing, and fallen limb removal where needed.				
New trail signs were e	ngraved and placed where needed. Created semi-annual newsletters that				
were mailed to membe	ers providing updates on PMA news and events. Hosted a wide variety of				
educational opportunit	ies to the public including lectures, field walks and yoga. The events				
were led by knowledg	eable volunteers in various ecological, cultural and historical fields.				
Form 990, Part VI, Se	ction A, Line 2: John Barnett and Libby Mills have a family relationship.				
Form 990, Part VI, Se	ction A, Line 6: The Association has members that are entitled to one				
vote at the Annual Me	mbership Meeting.				
Form 990, Part VI, Se	ction A, Line 7a: Members elect the Board of Trustees at the Annual				
Membership Meeting	with Trustees serving 2-year terms.				
Form 990, Part VI, Se	ction B, Line 11b: Board members will receive a copy of the return to				
review before it is filed.					
Form 990, Part VI, Se	ction B, Line 12c: The possibility of conflicts is regularly raised at				
meetings.					
Form 990, Part VI, Se	ction C, Line 19: Documents are available upon request.				
Form 990, Part VIII, Li	ne 1g: PMA accepted a donation of a 21 acre parcel (Reuben's Woods) in				

2022 and will pay associated closing and stewardship costs in 2023. The parcel abuts PMA land

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization	Employer identification number
Putney Mountain Association Incorporated	03-0316666
	·
and will now be protected and stewarded by PMA. The land is now permanently protected from	
development, wildlife and plant habitat is preserved, and public access for outdoor recreation	
guaranteed.	
Form 990, Part XI, Line 9: PMA changed its accounting procedures in 2021 and annually adjusts	
land valuations to match assessed values in all four towns (Putney, Westminister, Brookline	
and Dummerston).	