Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public

For the 2023 calendar year, or tax year beginning 2023, and ending 20 Check if applicable: C Name of organization The Great Pond Foundation, Inc. D Employer identification number Address change Doing business as 04-3446891 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return PO Box 9000 (508)627-7222 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Edgartown, MA 02539 675,548 Application pending F Name and address of principal officer: Richard Saltzman **H(a)** Is this a group return for subordinates? X No Same as C above H(b) Are all subordinates included? X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions https://greatpondfoundation.org/ Website: H(c) Group exemption number X Corporation Trust Association L Year of formation: 1998 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: Our mission is to cultivate the resilience of our coastal pond ecosystems through science, collaboration, and education. Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 10 4 10 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 11 Total number of volunteers (estimate if necessary) 6 17 Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 497,304 435,225 Revenue 150,308 147,252 68,598 23,763 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 609,296 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 442,419 386,754 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 281,166 169,171 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 723,585 555,925 Revenue less expenses. Subtract line 18 from line 12 (10,431)53,371 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 1,221,041 1,106,157 21 Total liabilities (Part X, line 26) 108,957 88,773 Net assets or fund balances. Subtract line 21 from line 20 997,200 1,132,268 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Richard Saltzman Sign Signature of officer Date Here Richard Saltzman, Incoming Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check **Paid** Lisa Aldrich, CPA 10-25-2024 self-employed XXXXX3134 Preparer Firm's name Lisa Aldrich CPA PC Firm's EIN **Use Only** PO Box 80082 Firm's address Phone no. South Dartmouth MA 02748 774-264-8576 May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part L	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		
_	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,	5		
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	3		х
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
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? <i>If</i> "Yes,"	<u> </u>		
	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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	40-		
	Schedule D, Parts XI and XII	12a	Х	
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If	126		v
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		Х
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and I.V	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	L	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 JI	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
A	to defease any tax-exempt bonds?	24c 24d		-
d 252	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		X
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part.II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? 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		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	х	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		
250	or IV, and Part V, line 1	34 35a		X
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	SSA		X
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	x	
Par				
	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 in 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	

Part VI

Se	ction A. Governing Body and Management		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
4-	Enter the number of veting members of the governing heady at the and of the toy year		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2		v
3	Did the organization delegate control over management duties customarily performed by or under the direct			Х
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
-	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	X	
С	describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by	17	Λ.	
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	x	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Massachusetts	-		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Emily Reddington (508)627-7222, PO Box 9000, Edgartown, MA 02539			

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

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

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

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

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

			_ •			•				
				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average hours per week	box	, unles	s per	son is	nan one s both an /trustee)		Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)Emily Reddington	40.00									
Executive Director					х			110,905	0	30,747
(2)Melani Nardone	1.00									
Director		х						0	0	0
_(3)Kristina_West	1.00									
Director		х						0	0	0
_(4)Gerald Downes	0.50									
Director		х						0	0	0
(5)Zeev Pearl	1.00									
Director		x						0	0	0
_(6)William_Darman	1.00									
Director		х						0	0	0
(7)Jeremy Houser	1.00									
Director		Х						0	0	0
(8)AC Greer	2.00									
Board Chair		Х		х				0	0	0
(9)Robert Rukeyser	3.00									
Outgoing Treasurer		Х		х				0	0	0
(10)Anne Mazar	2.00									
Clerk		Х		х				0	0	0
(11)Richard Saltzman	2.00									
Incoming Treasurer		Х		х				0	0	0
(12)										
<u>(13)</u>										
<u>(14)</u>										
										Form 000 (2022)

EEA Form **990** (2023)

	(A) Name and title	(B) Average hours per week	box	, unles	Po: eck m ss pei	son is	han one s both a /trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	co	(F) nated amo of other mpensatio	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	orga	nom the anization a d organiza	
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
<u>(21)</u>													
(22)													
(23)													
(24)													
(25)													
1b c	Subtotal							ı					
d 2	Total (add lines 1b and 1c)								110,905	0 0 000 000 acc	_	30,7	47
2	reportable compensation from the organiza) 11105	e 115	ieu	abc	ove) w	/110	received more tr	iaii \$100,000 ()I		1
•	Did the constitution list out former offices disconnection		l			1-	:					Yes	No
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>		-				-				. 3		x
4	For any individual listed on line 1a, is the sum of re	eportable cor	mpens	ation	and	oth	er con	npen	sation from the				
	organization and related organizations greater the individual										. 4		x
5	Did any person listed on line 1a receive or accrue										•		Λ
04	for services rendered to the organization? If "Yes	s," complete	Sched	lule .	J for	suc	h pers	son			. 5		х
<u>Section</u>	on B. Independent Contractors Complete this table for your five highest contractors	mpensated	inder	end	lent	cor	ntracto	ors t	that received mo	re than \$100.0	000 of		
	compensation from the organization. Report	-										s tax ye	ar.
	(A)								(B)		(C)		
	Name and business addres								Description of servic	ES	Compen	oau0II	
2	Total number of independent contractors (in received more than \$100,000 of compensation)	_					ose li	stec	d above) who				

The Great Pond Foundation, Inc. 04-3446891 Page 9 Statement of Revenue

		Check if Schedule O contains a re-	spons	e or note to any li	ine in this Part V	'III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Service Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f g h	Federated campaigns			435,225	150,308		sections 312-314
Program Service Revenue		All other program service revenue Total. Add lines 2a-2f	• •		150,308			
	3 4 5	Investment income (including dividends, into other similar amounts)	· · · d proce	eeds	27,483	27,483		
	6a b	Gross rents 6a Less: rental expenses 6b Rental income or (loss)		(ii) Personal				
	7a	Gross amount from sales of assets (i) Securit		(ii) Other				
Other Revenue	d		,252 ,720		(3,720)	(3,720)		
Q #5	c 9a b	events (not including \$	8b ts . 9a 9b					
	10a b	Gross sales of inventory, less returns and allowances	10a 10b					
Miscellanous Revenue	11a b c d	All other revenue		Business Code				
		Total. Add lines 11a-11d			609,296	174.071	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees 19,333 110,905 80,482 11,090 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 207,073 161,384 39,743 5,946 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 6,603 5,372 816 415 9 33,090 26,301 4,405 2,384 10 1,492 29,083 21,633 5,958 11 Fees for services (nonemployees): b 46,478 46,478 d Professional fundraising services. See Part IV, line 17. . f Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . 16,154 10,519 5,021 614 12 13 10,799 6,268 4,531 8,963 14 8,963 15 16 2,400 2,400 17 1,684 1,684 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 6,316 6,316 23 10,473 970 9,439 64 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.) a Repairs and supplies 11,735 11,735 Licenses, fees, dues 5,071 5,071 c Science and educational exp 27,744 27,744 d Water sampling analysis 21,354 21,354 e All other expenses Total functional expenses. Add lines 1 through 24e. . 25 555,925 381,762 152,158 22,005 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note	e to ar	ny line in this Part X			
		·			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			396,355	1	260,921
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		T T		3	
	4	Accounts receivable, net		F	34,496	4	18,795
	5	Loans and other receivables from any current or former	officer,	director,	-		
		trustee, key employee, creator or founder, substantial co	ntribut	or, or 35%			
		controlled entity or family member of any of these perso				5	
	6	Loans and other receivables from other disqualified pers	ons (as	s defined			
		under section 4958(f)(1)), and persons described in sec				6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ass	9	Prepaid expenses and deferred charges			5,334	9	5,957
	10a	Land, buildings, and equipment cost or other			•		
		basis. Complete Part VI of Schedule D	10a	57,428			
	b	Less: accumulated depreciation		44,795	18,949	10c	12,633
	11	Investments - publicly traded securities			651,023	11	922,735
	12	Investments - other securities. See Part IV, line 11 .		F	•	12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 3	33) .		1,106,157	16	1,221,041
	17	Accounts payable and accrued expenses			108,957	17	88,773
	18	Grants payable		F	·	18	•
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of	f Sche	dule D		21	
S	22	Loans and other payables to any current or former office					
Liabilities		trustee, key employee, creator or founder, substantial co					
abil		controlled entity or family member of any of these perso				22	
=	23	Secured mortgages and notes payable to unrelated thir		es		23	
	24	Unsecured notes and loans payable to unrelated third p		T T		24	
	25	Other liabilities (including federal income tax, payables t	o relat	ed third			
		parties, and other liabilities not included on lines 17-24).	Comp	lete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			108,957	26	88,773
		Organizations that follow FASB ASC 958, check here	X				
w		and complete lines 27, 28, 32, and 33.					
Ç	27	Net assets without donor restrictions			997,200	27	1,132,268
alar	28	Net assets with donor restrictions		[28	
Ö		Organizations that do not follow FASB ASC 958, che	ck he	re 🗌			
Ë.		and complete lines 29 through 33.					
or F	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipment	t fund	[30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or	r other	funds		31	
et A	32	Total net assets or fund balances		[997,200	32	1,132,268
Z	33	Total liabilities and net assets/fund balances			1,106,157	33	1,221,041

orm	1 990 (2023) The Great Pond Foundation, Inc.	04-344689	1	Pa	age 1 2
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		609,	296
2	Total expenses (must equal Part IX, column (A), line 25)	2		555,	925
3	Revenue less expenses. Subtract line 2 from line 1	3		53,	371
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		997,	200
5	Net unrealized gains (losses) on investments	5		81,	697
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,	132,	268
Par	rt XII Financial Statements and Reporting	, ,	_		
	Check if Schedule O contains a response or note to any line in this Part XII				
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				

За

3b

Form **990** (2023)

Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . .

EEA

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

The	Gr	reat Pond Foundation, In					04-344689		
Par	t I	Reason for Public Char	ity Status. (Al	l organizations mus	t comple	ete this p	oart.) See instruction	ons.	
The o	rga	anization is not a private foundation be	cause it is: (For lin	ies 1 through 12, check o	nly one bo	x.)			
1		A church, convention of churches, of	or association of cl	hurches described in se	ction 170(b)(1)(A)(i)) .		
2		A school described in section 170	b)(1)(A)(ii). (Attac	h Schedule E (Form 990)).)				
3		A hospital or a cooperative hospital	service organizati	ion described in section	170(b)(1)	(A)(iii).			
4		A medical research organization op	erated in conjunct	tion with a hospital descr	ibed in se	ction 170((b)(1)(A)(iii). Enter the		
		hospital's name, city, and state:							
5		An organization operated for the bea	nefit of a college o	r university owned or ope	erated by a	a governme	ental unit described in		
	_	section 170(b)(1)(A)(iv). (Complete	•						
6		A federal, state, or local governmer	-						
7	X	An organization that normally receive			overnment	tal unit or f	rom the general public		
	_	described in section 170(b)(1)(A)(
8	Ц	A community trust described in sec							
9		An agricultural research organization				-	_	ege	
		or university or a non-land-grant col	lege of agriculture	(see instructions). Enter	the name,	city, and s	tate of the college or		
		university:							
10		An organization that normally received receipts from activities related to its support from gross investment incortaction acquired by the organization after J	exempt functions, me and unrelated b lune 30, 1975. See	subject to certain exceptusiness taxable income e section 509(a)(2). (Co	tions; and (less secti mplete Pa	(2) no mor on 511 tax rt III.)	e than 33 1/3% of its) from businesses	5	
11	Ц	An organization organized and ope							
12		An organization organized and oper							
		one or more publicly supported orga						8). Chec	k
		the box on lines 12a through 12d tha					_		
а		Type I. A supporting organization				-		ving	
		the supported organization(s) the			•	directors	or trustees of the		
		supporting organization. You m	•	·					
b		Type II. A supporting organizat	•			• •	. ,, ,	·	
		control or management of the su		•	ersons tha	at control o	r manage the supporte	d	
		organization(s). You must con	-			206	formation all of a constant		
С		Type III functionally integrate	•	•			•	with,	
		its supported organization(s) (s		-				ion(o)	
d		Type III non-functionally integrated that is not functionally integrated						. ,	
		requirement (see instructions).					eni and an allentivenes	5	
е		Check this box if the organization	-				I Type II Type III		
•		functionally integrated, or Type					i, Type ii, Type iii		
f		Enter the number of supported organia		integrated supporting of	gariizatioi	ı .			
g		Provide the following information abou		nanization(s)					
9		(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi)	Amount of
		(i) Hame of supported organization	(11) 2.11	(described on lines 1-10	listed in you	-	support (see		support (see
				above (see instructions))	docum	ent?	instructions)	in	structions)
					Yes	No			
(A)									
(B)									
(C)									
(C)									
(D)	_								
(D)									
(E)									
Total							1		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

	on A. Public Support	,		ı	1	1	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	494,559	380,392	534,163	497,304	435,225	2,341,643
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	494,559	380,392	534,163	497,304	435,225	2,341,643
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						93,059
6	Public support. Subtract line 5 from line 4.						2,248,584
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	494,559	380,392	534,163	497,304	435,225	2,341,643
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	9,868	15,318	20,732	15,009	27,483	88,410
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2,430,053
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	377,785
13	First 5 years. If the Form 990 is for the o	rganization's fir	st, second, thi	rd, fourth, or fif	th tax year as	a section 501(d	c)(3)
	organization, check this box and stop he	re					
Secti	on C. Computation of Public Suppo	rt Percentage	9				
14	Public support percentage for 2023 (line 6	6, column (f), di	vided by line 1	1, column (f))		14	92.53 %
15	Public support percentage from 2022 Sch					15	93.78 %
16a	33 1/3% support test - 2023. If the organ	nization did not	check the box	on line 13, and	d line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qua	lifies as a publi	cly supported	organization .			<u>x</u>
b	33 1/3% support test - 2022. If the organ	nization did not	check a box o	n line 13 or 16a	a, and line 15 i	s 33 1/3% or n	nore, check
	this box and stop here. The organization	qualifies as a p	oublicly suppor	ted organization	on		
17a	10%-facts-and-circumstances test - 20	23. If the organ	ization did not	check a box o	n line 13, 16a,	or 16b, and lin	e 14 is
	10% or more, and if the organization mee	ts the facts-and	d-circumstance	es test, check t	his box and st e	op here. Expla	in in
	Part VI how the organization meets the fa	cts-and-circum	stances test. 7	he organizatio	n qualifies as	a publicly supp	orted
	organization						
b	10%-facts-and-circumstances test - 20	22. If the organ	ization did not	check a box o	n line 13, 16a,	16b, or 17a, a	nd line
	15 is 10% or more, and if the organization	n meets the fac	ts-and-circums	stances test, ch	neck this box a	nd stop here.	Explain
	in Part VI how the organization meets the	facts-and-circu	umstances test	t. The organiza	tion qualifies a	is a publicly su	pported
	organization						
18	Private foundation. If the organization di	d not check a b	oox on line 13,	16a, 16b, 17a	, or 17b, check	this box and s	see
	instructions				<u> </u>		

EEA Schedule A (Form 990) 2023

04-3446891

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support		•		1		
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fi	rst. second. thi	rd. fourth. or fi	fth tax vear as	a section 501(d	:)(3)
	organization, check this box and stop her	•				•	· · · ·
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8			3, column (f))		15	%
16	Public support percentage from 2022 Scho		-			16	%
	on D. Computation of Investment Inc					- 1	
17	Investment income percentage for 2023 (I			y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2022			-		18	%
19a	33 1/3% support tests - 2023. If the organ						
	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests - 2022. If the organizati	-	-	-			
-	line 18 is not more than 33 1/3%, check this box						
20	Private foundation. If the organization did	-	-			-	

V-- N-

(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	Section A.	All Sup	porting (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. 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).
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- 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.
- 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.
- 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.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
36		
4a		
4b		
40		
4c		
5a		
5b		
5c		
6		
7		
•		
8		
9a		
9b		
90		
9с		
10a		
4		
10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above? A 25% controlled entity of a person described on 11a at 11b above? If "Yes" to line 11a, 11b, or 11a	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in 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,			
C4:	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		Yes	Na
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	No
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in 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 in 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	on 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	inst	ructio	ns).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			,
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
~	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
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.	3b		

Schedu Part	e A (Form 990) 2023 The Great Pond Foundation, Inc.	.000	04-344	6891	Page 6
	▼ Type III Non-Functionally Integrated 509(a)(3) Supporting Or Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	g trus	st on Nov. 20, 1970 (exp		•
Secti	on A - Adjusted Net Income		(A) Prior Year	` '	urrent Year ptional)
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Secti	on B - Minimum Asset Amount		(A) Prior Year	' '	urrent Year ptional)
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Secti	on C - Distributable Amount			Cur	rent Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			

emergency temporary reduction (see instructions). 6 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7 (see instructions).

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Schedule A (Form 990) 2023 EEA

3

4 5

Part	: V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continue	ed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
			/ii\		/iii\

_10	Line 8 amount divided by line 9 amount		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
C	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

EEA Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	f the or	ganization			Employer identification number
The C	reat	Pond Foundation, Inc.			04-3446891
Pai	rt I	Organizations Maintaining Donor Advised	Funds or Other Similar	Funds or Acc	counts
		Complete if the organization answered "Yes" of			
			(a) Donor advised f		(b) Funds and other accounts
1	Total	number at end of year			
2		gate value of contributions to (during year)			
3		gate value of grants from (during year)			
4		gate value at end of year			
5	Did th	e organization inform all donors and donor advisors in	writing that the assets held i	in donor advised	
		are the organization's property, subject to the organization	_		
6		e organization inform all grantees, donors, and donor a			
		or charitable purposes and not for the benefit of the dor			
		ring impermissible private benefit?			
Par		Conservation Easements			
		Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 7.	
1	Purpo	se(s) of conservation easements held by the organizat	tion (check all that apply).		
	☐ Pre	eservation of land for public use (for example, recreation	on or education)	reservation of a	historically important land area
	☐ Pro	otection of natural habitat	□ P:	reservation of a	certified historic structure
	☐ Pre	eservation of open space			
2	Comp	ete lines 2a through 2d if the organization held a qualif	fied conservation contributio	n in the form of a	a conservation
	easen	nent on the last day of the tax year.			Held at the End of the Tax Year
а	Total	number of conservation easements			2a
b	Total a	acreage restricted by conservation easements			2b
С	Numb	er of conservation easements on a certified historic str	ructure included on line 2a		2c
d	Numb	er of conservation easements included on line 2c, acqu	uired after July 25, 2006, and	d not	
	on a h	istoric structure listed in the National Register			2d
3	Numb	er of conservation easements modified, transferred, re	eleased, extinguished, or terr	minated by the o	organization during the
	tax ye	ar			
4	Numb	er of states where property subject to conservation ea	sement is located		
5	Does	the organization have a written policy regarding the pe	riodic monitoring, inspection	, handling of	
	violati	ons, and enforcement of the conservation easements is	t holds?		
6	Staff a	and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and er	nforcing conserv	ration easements during the year
7	Amou	nt of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforce	cing conservation	n easements during the year
8		each conservation easement reported on line 2d abov			
		ection 170(h)(4)(B)(ii)?			
9		t XIII, describe how the organization reports conservation			
		and include, if applicable, the text of the footnote to the	e organization's financial sta	tements that des	scribes the
D		zation's accounting for conservation easements	- (A - (11'- (' 1 T		Other O're'les Assets
Par		Organizations Maintaining Collections	•	•	otner Similar Assets
	16.41	Complete if the organization answered "Yes" of			
1a		organization elected, as permitted under FASB ASC 9	•		
		historical treasures, or other similar assets held for pu			
		e, provide in Part XIII the text of the footnote to its fina			
b		organization elected, as permitted under FASB ASC 9			
		storical treasures, or other similar assets held for public	c exhibition, education, or re	search in further	rance of public service,
		e the following amounts relating to these items:			Φ.
		evenue included on Form 990, Part VIII, line 1			
_		ssets included in Form 990, Part X			
2		organization received or held works of art, historical tre			gain, provide the
		ng amounts required to be reported under FASB ASC	-		•
a		nue included on Form 990, Part VIII, line 1			
b	Asset	s included in Form 990, Part X			\$

	e D (Form 990) 2023 The Great Pond 1					04-3446		Page 2
Part	III Organizations Maintaining (Collections of	Art, Historical	Treasures,	or Otl	her Similar As	ssets (co	ontinued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the f	following that m	ake sig	nificant use of its		
	collection items (check all that apply):							
а	Public exhibition		d Loan o	or exchange pro	ogram			
b	Scholarly research		e Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explai	n how they further th	ne organization'	s exem	pt purpose in Part		
	XIII.							
5	During the year, did the organization solicit or	receive donations	of art, historical trea	sures, or other s	similar			
	assets to be sold to raise funds rather than to		part of the organizat	tion's collection	?		. 🗌 Yes	s 🗌 No
Part		•						
	Complete if the organization a	answered "Yes"	on Form 990, F	Part IV, line 9	9, or r	eported an am	ount on	Form
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodia	in or other intermed	iary for contributions	or other assets	s not		_	
	included on Form 990, Part X?						. Yes	s No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table.			1		
						Am	ount	
С	Beginning balance							
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo							
	If "Yes," explain the arrangement in Part XIII.	Check here if the e	explanation has been	n provided on Pa	art XIII			. 🗌
Part								
	Complete if the organization a	answered "Yes"	on Form 990, F	Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years b	back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curre	•	, ,	a)) held as:				
а	Board designated or quasi-endowment	%						
b	Permanent endowment%							
С	Term endowment%							
	The percentages on lines 2a, 2b, and 2c should							
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are held a	and administered	d for the	;		
	organization by:							Yes No
	(i) Unrelated organizations?							
	(ii) Related organizations?							
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	ired on Schedule R	?			. 3b	
4	Describe in Part XIII the intended uses of the		owment funds.					
Part			_	_		_	_	
	Complete if the organization a	answered "Yes"	on Form 990, F	Part IV, line	11a. S	See Form 990,	Part X, I	ine 10.
	Description of property	(a) Cost or other	' '	or other basis		Accumulated	(d) Boo	k value
		(investme	ent)	(other)	de	epreciation		
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment			57,428		44,795		12,633
е	Other							
Total.	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X, line 10c, colum	n (B)				12,633

	Complete if the organization a	nswered "Yes" on For	m 990, Part IV	/, line 11b. See F	Form 990, Part X, line 12.
	(a) Description of security or catego (including name of security)	ry	(b) Book value		(c) Method of valuation: t or end-of-year market value
(1) Financial					
	eld equity interests				
(3) Other					
(A)					
(B)					
(C) (D)					
(E)					
(F)					
(G)					
(H)					
	nn (b) must equal Form 990, Part X, line				
Part VIII	Investments - Program Rela				
	Complete if the organization a	nswered "Yes" on For	m 990, Part IV	<u>/, line 11c. See F</u>	form 990, Part X, line 13.
	(a) Description of investment		(b) Book value		(c) Method of valuation: t or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u>					
(8)					
(9)	on (b) must acusel Form 200. Bort V. line	12 and (D))			
Part IX	on (b) must equal Form 990, Part X, line Other Assets	13, COI. (B))			
I dit ix	Complete if the organization a	nswered "Yes" on For	m 990 Part IV	/ line 11d See F	Form 990 Part X line 15
	Complete ii allo organization a	(a) Description	000, 1 41111	,	(b) Book value
(1)		(1)			(4)
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, line	15 col. (B))			
Part X	Other Liabilities Complete if the organization a	noward "Vaa" on Ear	m 000 Port IV	/ line 11e or 11f	Soo Form 000 Port V
	line 25.	inswered res on For	III 990, Pait IV	, illie TTe OF TTI.	See Foili 990, Pait A,
1.	(a) Description of liability	(b) Book	value		
	income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(b) must equal Form 990, Part X, line 25 col. (l	P))			
	uncertain tax positions. In Part XIII, prov	•	o the organization'	e financial statements	s that reports the

Part			•	Return	
	Complete if the organization answered "Yes" on Form 990, P				
1	Total revenue, gains, and other support per audited financial statements		• • • • • • • • • •	1	710,143
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
а	Net unrealized gains (losses) on investments	2a	81,697		
b	Donated services and use of facilities	2b	19,150		
С.	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	100,847
3	Subtract line 2e from line 1			3	609,296
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-			
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a			
b	Add lines 4a and 4b	4b		40	
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			4c 5	609,296
Part					
ıaıı	Complete if the organization answered "Yes" on Form 990, P			i itetuii	•
1	Total expenses and losses per audited financial statements			1	575,075
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				3737073
a	Donated services and use of facilities	2a	19,150		
b	Prior year adjustments	2b	23,230		
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	19,150
3	Subtract line 2e from line 1			3	555,925
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).			5	555,925
Part					
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,			art X, line	
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additio	onal information.		

Schedule D (Form 990) 2023

SCHEDULE L (Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open To Public Inspection **Employer identification number**

	t Pond Found								34468					
Part I			•			. , . , .		ection 501(c)(2	, .			• .		
	Complete if th	e organization	answered "Ye	s" on F	orm 990), Part IV, li	ne 25	a or 25b, or For	m 990)-EZ,	Part \	/, line	40b.	
1 (a) Name of disqualified p	person	(b) Relationship bet	tween disqu	ualified pers	on and		(c) Description	of transa	ction			(d) Cor	rected?
			or	ganization									Yes	No
(1)														
4-1														
(2)														
(2)														
(3)	he amount of tax i	incurred by the o	raanization man	agers or	disqualifi	ed persons d	lurina t	he vear						
	section 4958	-	-	-			_	-			\$			
	he amount of tax,										Ψ_ \$			
• Linter t	no amount of tax,	ii dily, on iiilo 2, t	above, remibulo	od by the	organiza		• • •			• • •	Ψ_			
Part II	Loans to and	/or From Inte	rested Person	s										
7 000 7 11				_	orm 990)-EZ, Part \	/, line	38a, or Form 9	90, Pa	art IV,	line 2	26; or	if the	
		eported an am												
(a) Name o	of interested person	(b) Relationship	(c) Purpose of	(d) Lo	an to or	(e) Origin	al	(f) Balance due	(q) In (default?	(h) Ap	proved	(i) W	ritten
• • •	•	with organization	loan	fror	m the	principal am		,	107		by bo		agree	
				organ	ization?						comm	nittee?		
				То	From				Yes	No	Yes	No	Yes	No
(1)														
(2)														
4-1														
(3)														
(4)														
(4)														
(5)														
(3) Total							\$							
Part III		sistance Bene				<u></u>	Ψ							
1 4		e organization). Part IV. li	ne 27							
(a) Name	of interested person	Ĭ	onship between intere			mount of		(d) Type of assistance)		(e) Purp	ose of a	ssistand	:e
		perso	n and the organization	n	assi	istance								
(1)														
(2)														
(3)														
(4)														
(4)														
(5)														

04-3446891

	(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) Sha	ring of
		interested person and the organization	transaction			zation's nues?
		Organization			Yes	No
				boat maintenance/launch		
(1) Mart	y Harris	Spouse of Exec Dir	500	services		х
(2)						
(3)						
(4)						
(5)						
Part V	Supplemental Information	ı on for responses to questions o	n Schadula I Saa	instructions		
	1 Tovide additional information	or for responses to questions of	TOCHEGGIE L. OCC	matructions.		
01. Su	pplemental Infor	mation for Schedu	le L			
Addition	nally, a company affil	iated with our Board Ch	air employs tl	ne spouse of the		
	31					
executiv	e director for person	al matters. This relati	onship predate	es the hiring of the		
executiv	ve director. The spous	e performed boat launch	and maintena			
		- <u>-</u>	<u> </u>	ice services for our		
organiza						
organiza		ended December 31, 2023				
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EEA Schedule L (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

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

Employer identification number

The Great Pond Foundation, Inc. 04-3446891 Part I Types of Property (c) (d) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on items contributed applicable noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles Boats and planes 7 8 Intellectual property Securities - Publicly traded 9 66,252 FMV as sold 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other (26 Other (27 Other (28 Other (29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a х If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? х b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

04-3446891 The Great Pond Foundation, Inc. 01. Form 990 governing body review (Part VI, line 11) The Form 990 us reviewed by staff, the Board Treasurer and then the entire Board prior to filing. 02. Conflict of interest policy compliance (Part VI, line 12c) The conflict of interest policy is reviewed annually by the Board. 03. CEO, executive director, top management comp (Part VI, line 15a) The Treasurer and Executive Committee discuss and recommend the rate of pay for the Executive Director. The Board then approves the salary. 04. Other officer or key employee compensation (Part VI, line 15b The Executive Director recommends the rates of pay of all employees except themself. The Board approves all rates of pay. 05. Governing documents, etc, available to public (Part VI, line 19) The Great Pond Foundation Inc. makes its governing documents, conflicts of interest policy and financial statements available to the public upon written request. 06. List of other fees for services expenses (Part IX, line 11g) \$15,754 spend for outsourcing HR functions and payroll processing