Form	99	0
------	----	---

For	m 99	0						OMB No. 1545-0047
1 01		•		of Organization E				2021
Den	artment of	of the Treasury						Open to Public
-		of the Treasury nue Service		ot enter social security numbers www.irs.gov/Form990 for instr				Inspection
-			year, or tax year be	ginning 7/01	, 2021, and ending	6/3		, 20 2022
В		applicable: C					D Employer iden	
	Add			ND CONSERVATION	TRUST	-	01-0352	
	Nam		BOX 1237 ARBOROUGH, M	F 04070-1237			E Telephone num	
	Initia	ial return	ANDONOUGII, M	E 04070 1257			207-289	-1199
	Final	l return/terminated						
	Ame	ended return					G Gross receipts	, ,
	App	plication pending F	Name and address of prin	ncipal officer:		.,	group return for su	103 110
			<u>ME AS C ABOV</u>			If "No,"	subordinates include attach a list. See in	ed? Yes No structions.
<u> </u>			501(c)(3) 501(c)		4947(a)(1) or 527			
J	Web	site:► WWW.	SCARBOROUGHL	<u> </u>		<u>, , , , , , , , , , , , , , , , , , , </u>	exemption number	>
ĸ		of organization:	Corporation X Trust	Association Other >	L Year of formatio	n: 1977	M State of	legal domicile: ME
Pa	art I	Summary						
				ission or most significant				
S	-			OMMUNITY-BASED OF URAL AND AGRICULI				
nan	-			E OFFER UNIQUE VA			C_{VISIAS}	
veri	2			ation discontinued its oper			5% of its net as	
Activities & Governance	3 N	Number of voting	members of the go	overning body (Part VI, line	e 1a)		3	13
ిర	4 N			bers of the governing body				13
ties	5 7			d in calendar year 2021 (F				4
Ę.	6 ⊺			e if necessary)				85
Ä				om Part VIII, column (C), li				0.
	bՒ	Net unrelated bu	siness taxable incor	me from Form 990-T, Part	I, line 11			0.
		Contributions on	d grapta (Dart)/III	ing 1h)			rior Year	Current Year
ne				ine 1h)			425,894.	2,920,185. 918.
Revenue		-		n (A), lines 3, 4, and 7d).			20,480.	23,295.
Re			•	, lines 5, 6d, 8c, 9c, 10c, a			6,722.	22,683.
				11 (must equal Part VIII,			453,580.	2,967,081.
	13 (Grants and simila	ar amounts paid (Pa	art IX, column (A), lines 1-	3)			
	14 E	Benefits paid to	or for members (Pa	rt IX, column (A), line 4).				
	15 5	Salaries, other co	ompensation, emplo	oyee benefits (Part IX, colu	umn (A), lines 5-10)		150,029.	233,320.
ses	16a F	Professional fund	traising fees (Part I	X, column (A), line 11e).				
Expenses	b T			column (D), line 25) ►				
ŭ	17 (i o tai i ai i ai ai o i i g		2010.111 (2), 1110 <u>20</u>)	67 446			
		Other expenses (lines 11a-11d 11f-24e)	67,446.		118 300	735 061
	17 0		(Part IX, column (A)), lines 11a-11d, 11f-24e). Ist equal Part IX, column (118,390.	
	18 T	Total expenses.	(Part IX, column (A) Add lines 13-17 (mu	ust equal Part IX, column ((A), line 25)		268,419.	968,381.
	17 C 18 T 19 F	Total expenses.	(Part IX, column (A) Add lines 13-17 (mu		(A), line 25)	Beginnin	268,419. 185,161.	968,381. 1,998,700.
ets or ances	17 C 18 T 19 F	Total expenses. Revenue less exp	(Part IX, column (A) Add lines 13-17 (mu penses. Subtract lin	ust equal Part IX, column (e 18 from line 12	A), line 25)		268,419. 185,161. g of Current Year	1,998,700. End of Year
Assets or Balances	17 C 18 T 19 F	Total expenses. Revenue less exp Total assets (Par	(Part IX, column (A) Add lines 13-17 (mu penses. Subtract lin t X, line 16)	ust equal Part IX, column (A), line 25)		268,419. 185,161. g of Current Year ,857,677.	968,381. 1,998,700. End of Year 6,734,487.
Net Assets or Fund Balances	17 C 18 T 19 F	Total expenses. Revenue less exp Total assets (Par Total liabilities (P	(Part IX, column (A) Add lines 13-17 (mu penses. Subtract lin t X, line 16) Part X, line 26)	ust equal Part IX, column (e 18 from line 12	(A), line 25)	4	268,419. 185,161. g of Current Year ,857,677. 25,402.	968,381. 1,998,700. End of Year 6,734,487. 27,852.
Net Assets or Fund Balances	18 T 19 F 20 T 21 T 22 P	Total expenses. Revenue less exp Total assets (Par Total liabilities (F Net assets or fur	(Part IX, column (A) Add lines 13-17 (mu penses. Subtract lin t X, line 16) Part X, line 26) d balances. Subtract	ust equal Part IX, column (le 18 from line 12	(A), line 25)	4	268,419. 185,161. g of Current Year ,857,677.	968,381. 1,998,700. End of Year 6,734,487.
Pa	19 F 20 T 21 T 22 M art II	Total expenses. Revenue less exp Total assets (Par Total liabilities (F Net assets or fur Signature E	(Part IX, column (A) Add lines 13-17 (mu penses. Subtract lin t X, line 16) Part X, line 26) d balances. Subtract	ust equal Part IX, column (le 18 from line 12 ct line 21 from line 20	A), line 25)	4	268,419. 185,161. g of Current Year ,857,677. 25,402. ,832,275.	968,381. 1,998,700. End of Year 6,734,487. 27,852. 6,706,635.
Pa	19 F 20 T 21 T 22 M art II	Total expenses. Revenue less exp Total assets (Par Total liabilities (F Net assets or fur Signature E	(Part IX, column (A) Add lines 13-17 (mu penses. Subtract lin t X, line 16) Part X, line 26) d balances. Subtract	ust equal Part IX, column (e 18 from line 12	A), line 25)	4	268,419. 185,161. g of Current Year ,857,677. 25,402. ,832,275.	968,381. 1,998,700. End of Year 6,734,487. 27,852. 6,706,635.
Pa	19 F 20 T 21 T 22 M art II	Total expenses. Revenue less exp Total assets (Par Total liabilities (F Net assets or fur Signature E es of perjury, I declare claration of preparer ((Part IX, column (A) Add lines 13-17 (mu penses. Subtract lin t X, line 16) Part X, line 26) d balances. Subtract Block that I have examined this other than officer) is based	ust equal Part IX, column (le 18 from line 12 ct line 21 from line 20	A), line 25)	4	268,419. 185,161. g of Current Year ,857,677. 25,402. ,832,275.	968,381. 1,998,700. End of Year 6,734,487. 27,852. 6,706,635.
Pa Und com	18 T 19 F 20 T 21 T 22 N art II er penaltie piete. Dec	Total expenses. Revenue less exp Total assets (Par Total liabilities (F Net assets or fur Signature E	(Part IX, column (A) Add lines 13-17 (mu penses. Subtract lin t X, line 16) Part X, line 26) d balances. Subtract Block that I have examined this other than officer) is based	ust equal Part IX, column (le 18 from line 12 ct line 21 from line 20	A), line 25)	4	268, 419. 185, 161. g of Current Year , 857, 677. 25, 402. , 832, 275.	968,381. 1,998,700. End of Year 6,734,487. 27,852. 6,706,635.
Pa Und com	18 T 19 F 20 T 21 T 22 N art II er penaltie piete. Dec	Total expenses. Revenue less exp Total assets (Par Total liabilities (P Net assets or fur Signature E es of perjury, I declare claration of preparer (Signature of ANDREV	(Part IX, column (A) Add lines 13-17 (mu penses. Subtract lin t X, line 16) Part X, line 26) d balances. Subtract block that I have examined this ther than officer) is based officer	ust equal Part IX, column (le 18 from line 12 ct line 21 from line 20	A), line 25)	4 4 e best of my Dat	268, 419. 185, 161. g of Current Year , 857, 677. 25, 402. , 832, 275.	968, 381. 1, 998, 700. End of Year 6, 734, 487. 27, 852. 6, 706, 635. ief, it is true, correct, and
Pa Und com	18 T 19 F 20 T 21 T 22 N art II er penaltie piete. Dec	Total expenses. Revenue less exp Total assets (Par Total liabilities (Par Total liabilities (Par Net assets or fur Signature E sof perjury, I declare claration of preparer (Signature of ANDREW Type or print	(Part IX, column (A) Add lines 13-17 (mu penses. Subtract lin t X, line 16) Part X, line 26) d balances. Subtract balances. Subtract Block that I have examined this officer MACKIE name and title	ust equal Part IX, column (le 18 from line 12 ct line 21 from line 20 return, including accompanying sc d on all information of which prepar	A), line 25)	4 4 e best of my Dat	268, 419. 185, 161. g of Current Year , 857, 677. 25, 402. , 832, 275. / knowledge and bel	968, 381. 1, 998, 700. End of Year 6, 734, 487. 27, 852. 6, 706, 635. ief, it is true, correct, and CTOR
Pa Und com	18 T 19 F 20 T 21 T 22 N art II er penaltie piete. Dec	Total expenses. Revenue less exp Total assets (Par Total liabilities (P Net assets or fur Signature E es of perjury, I declare claration of preparer (I Signature of ANDREW Type or print Print/Type prepa	(Part IX, column (A) Add lines 13-17 (mu benses. Subtract lin t X, line 16) Part X, line 26) d balances. Subtract lock that I have examined this officer MACKIE name and title rer's name	ust equal Part IX, column (le 18 from line 12 ct line 21 from line 20	A), line 25)	4 4 e best of my Dat	268, 419. 185, 161. g of Current Year , 857, 677. 25, 402. , 832, 275.	968, 381. 1, 998, 700. End of Year 6, 734, 487. 27, 852. 6, 706, 635. ief, it is true, correct, and CTOR
Und com Sig He	18 1 19 F 20 T 21 T 22 N art II er penaltic plete. Dec	Total expenses. Revenue less exp Total assets (Par Total liabilities (F Net assets or fur Signature E es of perjury, I declare claration of preparer (f Signature of ANDREW Type or print Print/Type prepa TRACY CA	(Part IX, column (A) Add lines 13-17 (mu penses. Subtract lin t X, line 16) Part X, line 26) d balances. Subtract Ilock that I have examined this officer MACKIE name and title rer's name SSIDY CPA	e 18 from line 12 te 18 from line 12 ct line 21 from line 20 return, including accompanying sc d on all information of which prepar Preparer's signature TRACY CASSIDY	A), line 25)	4 e best of my Dat	268, 419. 185, 161. g of Current Year , 857, 677. 25, 402. , 832, 275. / knowledge and bel	968, 381. 1, 998, 700. End of Year 6, 734, 487. 27, 852. 6, 706, 635. ief, it is true, correct, and CTOR
Und com Sig He Pa Pro	18 1 19 F 20 T 21 T 22 N art II er penaltic plete. Dec	Total expenses. Revenue less exp Total assets (Par Total liabilities (F Net assets or fur Signature E es of perjury, I declare claration of preparer (f Signature of ANDREV Type or print Print/Type prepa TRACY CA Firm's name	(Part IX, column (A) Add lines 13-17 (mu benses. Subtract lin t X, line 16) Part X, line 26) d balances. Subtract lock that I have examined this officer MACKIE name and title rer's name	e 18 from line 12 to the 21 from line 20 return, including accompanying sc d on all information of which prepar Preparer's signature TRACY CASSIDY IDY CPA SC	A), line 25)	e best of my Dat	268, 419. 185, 161. g of Current Year , 857, 677. 25, 402. , 832, 275. / knowledge and bel e TIVE DIRE Check X if	968, 381. 1, 998, 700. End of Year 6, 734, 487. 27, 852. 6, 706, 635. ief, it is true, correct, and CTOR

May the IRS discuss this return with the preparer shown above? See instructions BAA For Paperwork Reduction Act Notice, see the separate instructions.

BRUNSWICK, ME 04011

Phone no.

Form 990 (2021)

No

207-522-1014

X Yes

Form	n 990 (2021) SCARBOROUGH LAND CONSERVATION TRUST	01-0352474	Page 2
Par	statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1			
•		TV-BASED OPCANIZA	TTON
	THE SCARBOROUGH LAND TRUST IS A PRIVATE, NON-PROFIT, COMMUNI		
	WITH A MISSION TO CONSERVE AND STEWARD LAND WHERE NATURAL AND		
	SCENIC VISTAS, AND HISTORICAL SIGNIFICANCE OFFER UNIQUE VALU	E TO OUR COMMUNIT	<u>Y</u>
2	Did the organization undertake any significant program services during the year which were not listed on	the prior	
	Form 990 or 990-EZ?		s 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, any progr	ram services?	s X No
J	If "Yes," describe these changes on Schedule O.		
4		m services, as measured b	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all	ocations to others, the total	expenses,
	and revenue, if any, for each program service reported.		
1	a (Code:) (Expenses \$ 643,296, including grants of \$) (Revenue \$	
4 a)
	SCARBOROUGH LAND TRUST CONTINUES TO WORK ON PROTECTING LAND		
	SCARBOROUGH. DURING THIS YEAR SLT CLOSED ON SEVERAL PROPERTIN		<u>5 ACRES.</u>
	THESE FOUR PROPERTIES PROTECTED STRETCHES OF THE NONESUCH RI	VER, FLOODPLAIN,	
	WETLANDS, AND FORESTED UPLANDS.		
16	b (Code:) (Expenses \$ 144,328. including grants of \$) (Revenue \$	2 2 (7)
40	· ·		3,267.)
		IN THE TOWN OF	
	SCARBOROUGH. DURING THIS YEAR MOST OF THE FOCUS WAS ON ENTER		<u>GREEMENT</u>
	FOR ONE PROPERTY ALONG THE NONESUCH RIVER. WE ALSO WORKED ON		
	EXISTING CONSERVATION LAND AND TO LOOK AT DEVELOPMENT OVER T	IME IN THE TOWN.	
4 ი	c (Code:) (Expenses \$ 30,166. including grants of \$) (Revenue \$	1,627.)
	SCARBOROUGH LAND TRUST CONDUCTS VARIOUS EDUCATIONAL PROGRAMS		
	HAVE VARIOUS OUTREACH AND COMMUNICATION VEHICLES FOR INTERAC		
	INCLUDING SOCIAL MEDIA, WEBSITE, E-NEWSLETTERS AND PARTNER P		
	PROGRAMS WERE CONDUCTED THROUGHOUT THE YEAR, INCLUDING PROGRA		
	BIRDS, PLANTS, HABITATS, AND WILDLIFE MANAGEMENT. IN ADDITION	N, SLT HAD PROGRA	<u>MS</u>
	FOCUSED ON OUTDOOR RECREATION, SUCH AS SNOWSHOEING AND HIKIN	<u> <u> </u></u>	
			
4 d	d Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Reven	ue \$)
	e Total program service expenses ► 817,790.	_	000 /0001
BAA	TEEA0102L 09/22/21	Fo	rm 990 (2021)

Form 990 (2021) SCARBOROUGH LAND CONSERVATION TRUST

Pa	rt IV Checklist of Required Schedules	-		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete		Yes	No
•	Schedule A.	1	Х	
2		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, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? 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 'Yes,'</i> 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? <i>If 'Yes,' complete Schedule D, Part IV</i> .	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	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.			
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI.	11 a	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.	11 b		Х
	c 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	11 c		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.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? 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	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
I	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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21		Х

Form 990 (2021)

 Form 990 (2021)
 SCARBOROUGH
 LAND
 CONSERVATION
 TRUST

 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? <i>If 'Yes,' complete Schedule J</i> .	23		x
24 a	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
ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		X
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
ł	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Х
	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 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? <i>If 'Yes,' complete Schedule M</i>	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
	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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ł	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 organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
	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	Х	
Pai	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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1 a 5 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1 b 0		105	140
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1.		
BAA		1 c Form	990 ((2021)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2 a Einer the number of employees reported on from W-3. Transmitted Veges and Tax State. 2 a 4 4 2 a Einer the number of employees reported on from W-3. Transmitted Veges and Tax State. 2 a 4 4 bit at least one is reported on Im-2 a, dit the organization file all required federal employment tax returns? 2 b X 3 a Det the organization files on at 25 mits were interest on 51.000 or more during the year? 3 a X 4 A Pary time during the calendar year, did the organization files an inferest in, or a signiful or other authority over, a financial account, a section is a constrain section. 3 a X bit 'res', in the fare MS-FT file the organization file an inferest in, or a signiful or other authority over, a financial Accounts (EBAR). 5 a X 5 a Was the organization in the argonization file and scool the apert tay to prohibited tax sheller transcol Accounts (EBAR). 5 a X 5 a Obes the organization index and gross recepts that are rormally greater then \$100,000, and did the organization index and gross recepts that are rormally greater the situation offs were indix doubletbe? 5 a X bit 'res', of the organization index and gross recepts and that are index and partition transcol Accounts (EGAR). 5 a X bit 'res', of the organi	Form		ARBOROUGH LAND CONSERVATION TRUST	01-0352474	F	Page 5
2 = Chet the number of employees reported on Form W.G. Transmitted Mage and Tax State. 2a 4 bit at least one is reported on line 2a, dd the organization the all request defeat a employment tax returns? 2b X 3 = Dit the organization have unrelated bisances gross income of \$1,000 or more during the year? 3a X X 3 = Dit the organization have unrelated bisances gross income of \$1,000 or more during the year? 3a X X 3 = Dit the organization have unrelated bisances gross income of \$1,000 or more during the year? 4a X X 5 = Was the organization have unrelated bisances gross income of \$1,000 or more during the sectors of the anthonic year, do the organization have an interact in, or a signification of the ground or the year of the organization have an interact in the anter have and theraceal Accounts (F2R). 5a X 5 = Was the organization have an organization for foreign biss and theraceal Accounts (F2R). 5a X 5a 5 = Did the organization have an organization for foreign biss and theraceal Accounts (F2R). 5a X 5b 6 = Did the organization have an organization an express statement that such contributions or gits were in the defacithe? 5b X 5c 7 = Organization have an express of AC mantale contributions or gits were in the defacithe? 7a X X 1 = Ys_1 dit the organi	Par	t V Stater	ments Regarding Other IRS Filings and Tax Compliance (continued)		_	
ments, field for the calendar year ending with or within the year covered by this return. 2a 4 bit at least one is reported on ine 2a, of the required fedral endypowent tax terturns? 2b X 2b X Bottle to enginization have unrelact business on science of 51, 1000 or more during the year? 3a X bit Yes, that filter a Ferrar 93-T for the year? W for the 3b, power an exploration exclusive in the year? 3b X bit Yes, the titler a Ferrar 93-T for the year? W for the 3b, power an exploration exclusive interval, or or signature or other extending exclusions for filting requirements for FICEN Form 114, Report of Ferrers Bark and Financial Accounts (FEAP). 5a X Bit Yes, the title a Ferrar 93-T for the organization that it was or is a party to a prohibit tax schelar transaction? 5a X bid any taxable party notify the organization that it was or is a party to a prohibit tax schelar transaction? 5a X bid the organization and with every solicitation an express statement that such contributions or gifts were final to acclusible as christitations or prits were final acclusible as christitation explored on the party of the proper than the schelar transaction field for the contributions or gifts were final acclusible contributions or gifts were final schelar bary trans. 5b X bid the organization notify the doror of the value of the goods or services provided? 7b 7c X 11 Wes,					Yes	No
Note: The sum of lines 1a and 2a lis greater than 250, you may be required to effe. See instructions. Text 3a D of the organization have unreliable business greas income of \$1,000 or more during the year? 3a Xet	2 a	Enter the number ments, filed for th	r of employees reported on Form W-3, Transmittal of Wage and Tax State- ne calendar year ending with or within the year covered by this return 2a	4		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b X bit "res, that the arm 303-The times year." More the symmeten any structure or other authority over, a financial accountly or a clansite in our a signature or other authority over, a financial accountly or a clansite in the same of the foreign cauntly even with a bank accountly, securities accountly or the financial accountly. 3a b 5a Was the organization or party to a prohibited tax shelter transaction at any time during the tax year? 5a b X 5a Was the organization in the organization the foreign Cauntly even than \$100,000, and did the organization in the was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a b X 5b The S, the organization include with events subclation an express statement that such carributions for the organization include with event subclation and express statement that such carributions or gifts were for the deductible accontrabute of the financial accounts? 5a b X 7 organizations that many receive deductible contributions? 7d 7a X 1 These, ridd the organization include with event subclation on there such as a contribution of tax were subclation and the subscripts. 7d 7d 2 Did the organization nobity the donor of the value of the goods or services provided? 7d 7d X 1 These, ridd the organization nobity the donor advised fung the year. 7d 7d X	b			\$? 2 b	X	
b If Yes, 'us if lind a farm 890 Tice the year? If We'b line 3b, provides an episeution on Sobelde 0. 3b 4a A flam, time during the calendar year, if if the regarization have an interest in or a signiture or other authority over, a 4a b If Yes,' and the name of the foreign country. 4a See instructions for filing equirements for finicEX Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Sa Was the organization a party to a prohibited tax shelfer transaction at any time during the tax year? 5a Sa Was the organization have ennual gross receives statement that such cost approximation state and the organization full e organization that was or is a party to a prohibited tax shelfer transaction? 5c Sa Does the organization have multial every solicitation an express statement that such contributions or gifts were on thax feducibile? 6a X b If Yes,' id the organization netwer solicitation an express statement that such contributions or gifts were on tax feducibile? 7b 7c X d If Yes,' idid the organization netwer solicitation an express provided? 7b 7c X d If Yes,' idid the organization on the year way that during the year. 7d 7c X d If Yes,' idid the organization on they were apy returned. 7cd X 7c X d If Yes,' idid the organization on they were apy returned indincetty, to pay premilums on a person	3a			32		Х
4 At any time during the cliench year, did the organization have an interest in or a signature or other authority ore, a financial account); 4 a X b If Yes; enter the name of the forsign country* 5 a X See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR). 5 a X c If Yes; in the age of the organization that if was or is a party to a prohibited tax shelter transaction? 5 b X c If Yes; in the age of the organization have annual gross receits; that are normally greater than \$100.000, and did the organization for filing requirements for FincEN Formation or a structure account; services provided to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 a X b If Yes; id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b 6 a 7 Organization receive a payment in excess of 375 made parity as a contribution and parity for goods and services provided to the payor? 7 a X 16 Wes; id the organization notify the dorn or the value of the goods or services provided? 7 a X 17 Wes; indicate the number of forms 8282 filed during the year? 7 d 7 d X 16 Wes; indicate the number of forms 8282 filed during the year? 7 d X 1 D 1 D 1 D		-				
Intercal account in a foreign country (such as a bank account, securities account, or other transcal account) 4a A Int "ess: instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5a X 50 Wost the organization a part to a prohibited tax shelter transcalinon at any time during the tax year? 5a X cit "vss: in time 5a or 5b, oil the organization that it was or is a party to a prohibited tax shelter transaction? 5b X cit "vss: in time 5a or 5b, oil the organization the Form 8867.72 6a X fit "vss: ind the organization include with every solicitation an express statement that such contributions or gifts were not tax detuctible as charitable contributions? 6a X 7 Organization racine a payment in excress of \$75 made party as a contribution and partly for goods and services provided to the payor? 7a X 10 the organization notify the donor of the value of the goods or services provided? 7b 7b cit the organization notify the donor of the value of the payor on individe to pay premiums an express provided to the payor? 7c X 11 "vss: indicate the number of Forms \$282 filed during the year. 2d 7d X for the organization notify the donor of the value of nondirectly on a personal benefit contract? 7f X gif the organization ceives a contri		At any time during	the calendar year, did the organization have an interest in, or a signature or other authority of	ver. a		
See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FERA); 5a Sa Was the organization approximation approximating approximation appr		financial account	in a foreign country (such as a bank account, securities account, or other financial account	ount)?		Х
5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b X c If Yes; to line 5 a or 5b, did the organization the form 8886-17. 5 c 5 c c Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization short may contribution stude were not tax deductible as channels? 6 a X b If Yes; did the organization include with every solicition an express statement that such contributions or gifts were not tax deductible? 6 a X 7 Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a X b If Yes; did the organization notify the door of the value of the goods or services provided? 7 a X c Did the organization received a contribution of qualified indiright exert. 7 d 7 X d If Yes; indicate the number of Forms 8282 filed during the year. 7 d X X f If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 8299 as tequired? 7 e X f If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1020 (X) or a personal bene	D					
b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?. 5 b c If Yes, 'to line 5a or 5b, did the organization file Form 8886-72. 5c 6 Does the organization shut were not tax deductible as charitable contributions?. 6a 1 Yes, 'to line organization receive a payment in excess statement this such contributions or gifts were not tax deductible contributions under section 170(c). 6b a Did the organization notify the donor of the value of the goads or services provided? 7b b If Yes,' did the organization notify the donor of the value of the goads or services provided? 7c b If Yes,' did the organization notify the donor of the value of the goads or services provided? 7c b If the organization notify the donor of the value of the goads or services provided? 7c c Did the organization notify the donor of the value of the goads or services provided? 7c c Did the organization notify the donor of cars, basts, airplanes, or otherwheat depseed tangible parsonal property for which it was required to file 7c c Did the organization received a contribution of cars, basts, airplanes, or otherwheat any approximation and party for goads 7f f D the organization received a contribution of cars, basts, airplanes, or other vehicles, did the organization file a form 839 7g g If the organization received a contribution of cars, basts, airplanes, or other vehicles, did the or	5 2					X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-72. 5c 6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid tarwer not tax deductible as chardinable contributions? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a 7 Organizations that may receive deductible contributions and partly for goods and services provided to the payor? 7a 8 Did the organization notify the donor of the value of the goods or services provided to the payor? 7b c Did the organization notify the donor of the value of the goods or services provided to the payor? 7a c Did the organization notify the donor of the value of the goods or services provided? 7c c Did the organization notify the donor of the value of the goods or services provided? 7c c Did the organization notify the donor of the value of the goods or services provided? 7c c Did the organization notify the donor of the value of the goods or services provided? 7c c Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h 7c 7 d X 7d X 9 b 7a 7a X 9 for organization received a contribution of qualified intellectual property, did the organization file a 7h 7b 9 for organization maker as treaker distribution		-				
6s Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solicit are yountibutions that were not tax deductible as charitable contributions? 6a X b If Yes; 'did the organization inclue with every solication an express statement that such contributions or gifts were not tax deductible? 6b 6b 7 Organizations that may receive deductible contributions under section 170(c). a) did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7b 7c 8 Uf Yes; 'indicate the number of Forms 8282. Their during the year. Z di 7c X 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 9 Did the organization received a contribution of qualited intellectual property, did the arganization file a Form 1098-C? 7a X 9 Sonsoring organization neceived a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-C? 7a 7a 9 Sonsoring organization make any taxable distributions to a drive during the year? 9a 9a 9a 9 Did the sponsoring organization make any taxable distributions or dives during the year? 9a 9a 9a 10 did the sponsoring organization make any taxable distributions on diner sources any tanony distributions that any donor advised funds						
b If 'Yes', idu 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). a) Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided 0 the goanization notify the donor of the value of the goods or services provided? 7a X b If Yes', did the organization notify the donor of the value of the goods or services provided? 7d X c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7t X f Did the organization receive a contribution of qualified inteletual property, for which it was required to file 7a X g fith organization received a contribution of qualified inteletual property, did the organization file a required? 7t X g fith organization neceived a contribution of qualified inteletual property, did the organization file a required? 7d 7d g Sponsoring organization make any taxable distributions under section 4966? 9a 9a 9a g Sonsoring organization make any taxable distributions under section 4966? 9a 9a 9b 9b 10 Section 501(c(2)) organizations. Enter: 10a 10a 10a 10a 10a 13 Section 501(c(2						х
7 Organizations that may receive deductible contributions under section 178(c). a) bit 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 X b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor?. 7b 7c X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d 7c X c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X f Did the organization received a contribution of qualified intellectual property, did the organization file a promization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a promization maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization make and istributions under section 4966? 9a 9 Sponsoring organizations maintaining door advised funds. Did a door advised promotely of the promization make and istributions included on Part VIII, line 12. 10a 10b 10 Section 501(c(2)) organizations. Enter: 10a 10b 10b 11 a cross income from members or shareholders. 11a 10b 10b 12 Section 501(c(2)) organizations. Enter: 11a 10b 10b 11a <td></td> <td>If 'Yes,' did the org</td> <td>ganization include with every solicitation an express statement that such contributions or gifts v</td> <td>were</td> <td></td> <td></td>		If 'Yes,' did the org	ganization include with every solicitation an express statement that such contributions or gifts v	were		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payo?. 7a X b If Yes,' did the organization notify the donor of the value of the goods or services provided? 7b 7c X b If Yes,' indicate the number of Forms 8282 field during the year. 7d X Y X d If Yes,' indicate the number of Forms 8282 field during the year. 7d X Y g If the organization receives any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7r X g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file of B08-0? 7g X g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 108-0? 7h X g Soponsoring organizations maintaining donor advised funds. 9a 9a 9a 9a 9 Soponsoring organization make a distribution to a donor, donor advised or 40667 9a <	7				<u> </u>	
b If Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of langible personal property for which it was required to file 7c X d If Yes, 'indicate the number of Forms 8282 filed during the year. 7d 7d 7c X d If Yes, 'indicate the number of Forms 8282 filed during the year. 7d 7d X g If the organization receive any funds, directly or indirectly, on a personal benefit contract? 7c X g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-02? 7g 7g 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9b 9 Joi the sponsoring organizations make a distribution to a donor, donor adviser, or related person? 9b 9b 10 Section 501(c)(2) organizations. Enter: 10a 10a 10b 11a a Gross income from members or shareholders 11a 12a 12a 12a 12 Section 501(c)(2) organizations. Enter: 11a 13a 13a 13a 13 Section 501(c)(2) organization. Reneedu for them		Did the organizati	ion receive a payment in excess of \$75 made partly as a contribution and partly for goo	ods and		v
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c X d If Yes, Indicate the number of Forms 8282 filed during the year. 7 d 7 d 7 d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 d X f Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 d X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 7 g 7 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098. C? 7 h 7 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 a 9 b 9 Sponsoring organizations maintaining donor advised funds. 10 a 10 a 10 a 10 the sponsoring organizations maintaining donor advised funds. 9 a 9 b 9 b 10 section 501(c/(2) organizations. Enter: 10 a 10 a 10 b 10 b 11 Section 501(c/(2) organizations. Enter: 11 b 11 b 11 b 11 b 11 b 11	h					<u>л</u>
Form 82822 7c X d I' Yes,' indicate the number of Forms 8282 filed during the year. Zd Zd X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X f Did the organization receive a contribution of qualified intellectual property, did the organization fiele a serie received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2. 7g X 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9a 9 Sponsoring organization make a distribution to a donor, donor advised, or related person? 9b 9b 10 dt the sponsoring organization make a distribution to a donor, donor advised, or related person? 9b 9b 10 section 501(c/C2) organizations, Enter: 11a 11b 12a a Gross income from members or shareholders. 111a 11b 12a 11 Section 501(c/C2) organizations, Enter: 11a 11b 12a 12 Section 501(c/C2) organizations, Enter: 11a 12b 12a 11b 13 Section 501(c/C2) organizations, Enter: 11a 13a 12b 14a X					' 	<u> </u>
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f X g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g 7 f X h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h 7 h 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9 a 9 b 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 a 9 b 9 b 10 Section 501(c/(2) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. 10 a 10 b 10 b 11 Section 501(c/(2) organization. Enter: a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 a 10 b 12 a 12 Section 501(c/(2) organization. File: 12 a 12 a 13 a 13 Section 501(c/(2) organization make any taxable distribution or accrued during the year. 12 a 14 a 12 a		Form 8282?	·····		:	Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7g h 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 door advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining door advised funds. 7h a Did the sponsoring organizations maintaining door advised funds. 9a b Join the sponsoring organization make any taxable distributions under section 4966? 9a b Join the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c/t) organizations. Enter: 10a a fores income from members or shareholders 11a 10a 11 Section 501(c/t) organizations. Enter: 11b 12a a Gross income from members or shareholders 11b 12a 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12a 13a 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13a 14a X <t< td=""><td></td><td></td><td></td><td>wa at 2 -</td><td></td><td>v</td></t<>				wa at 2 -		v
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g n if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2 7 g 8 Sponsoring organizations maintaining donor advised funds. 8 9 Sponsoring organizations maintaining donor advised funds. 9 a 9 Did the sponsoring organization make any taxable distributions under section 49667. 9 a 10 Section 501(c/(2) organizations. Enter: 10 a 11 Section 501(c/(2) organizations. Enter: 10 a 12 Section 501(c/(12) organizations. Enter: 10 a 13 Section 501(c/(12) organizations. Enter: 11 a 14 Gross income from members or shareholders. 11 a 13 Section 501(c/(29) qualified nonprofit health insurance issuers. 11 a 14 B Ordos incensed to issue qualified health plans in more than one state? 12 a 13 Section 501(c/(29) qualified nonprofit health insurance issuers. 13 a 14 Did the organization receive and payments for indoor tanning services during the year. 12 b 13 Section 501(c/(29) qualified nonprofit health plans. 13 a 14 Did the organization is licensed to issue qualified plans. 13 a 15 Is the organization is licensed to issue qualified health		-				
as required?. 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0?. 7h 8 Sponsoring organizations maintaining donor advised funds. 7h 9 Sponsoring organizations maintaining donor advised funds. 8 9 Did the sponsoring organizations maintaining donor advised funds. 8 9 Did the sponsoring organizations maintaining donor advised funds. 9a 9 Did the sponsoring organizations make any taxable distributions under section 49667. 9a 9 Did the sponsoring organizations. Enter: 10a 10 Section 501(c)(2) organizations. Enter: 10a 11 Section 501(c)(12) organizations. Enter: 11a 12 Gross income from members or shareholders. 11a 13 Gross income from nembers or shareholders. 11b 14 a Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.). 12a 13 Section 601(c)(29) qualified nonprofit health insurance issuers. 11a 13 a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b fi Yes,' enter the amount of reserves on hand. 13a 14 a Did the organization receive any payments for indoor t		-				
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? 7h 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities. 10a 11 Section 501(c)(27) organizations. Enter: 10a a Gross income from members or shareholders. 11a 10a 12 Section 501(c)(27) organizations. Enter: 11b 12a a Gross income from members or shareholders. 11b 12a 13 Section 501(c)(29) organizations. Enter: 11b 12a 14 Did the organization licensed to issue qualified health plans in more than one state? 12b 12a 14 Yes, 'enter the amount of tax-exempt interest received or accrued during the year. 12b 13a 13 Extern the organization is licensed to issue qualified health plans. 13a 13a 14	-	as required?				
organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9a 10 Section 501(c)(7) organizations. Enter: 9b a Initiation fees and capital contributions included on Part VIII, line 12. 10a 11 Section 501(c)(7) organizations. Enter: 10a a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 11a b Gross income from members or shareholders. 11a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.). 11b 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 14a Vest, 'has it filed a Form 720 to report these payments? If No,' provide an explanation on Schedule O. 14a 14 Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 14a 14 Did the organization an educational instruction subject to the section 4968 excise tax on net investment		Form 1098-C?	· · · · · · · · · · · · · · · · · · ·	7h	1	
a Did the sponsoring organization make any taxable distributions under section 4966? 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter: 10 a a Initiation fees and capital contributions included on Part VIII, line 12. 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 a 11 Section 501(c)(12) organizations. Enter: 10 a a Gross income from members or shareholders. 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a a Is the organization licensed to issue qualified health plans. 13 b which the organization of reserves on hand. 13 c 14 a Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 14 a 14 a Did the organization auditonal institution subject to the section 4968 excise tax on net investment inco	8		-	-		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12. 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10a 11 Section 501(c)(2) organizations. Enter: 10a a Gross income from members or shareholders. 11a 11b 12 a Section 501(c)(2) organizations. Enter: 11b 12a a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them). 11b 12a 12 a Section 501(c)(2) gualified nonprofit health insurance issuers. 12b 12a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 14a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14a X b If 'Yes,' see the instructions and file Form 4720, Schedule N. 15 X 14 If 'Yes,' see the organization and eucational institution subject to the section 4968 excise tax on net investment income? 16	9	Sponsoring orga	nizations maintaining donor advised funds.			
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	a	Did the sponsorin	ng organization make any taxable distributions under section 4966?	9a	L	
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsorin	ng organization make a distribution to a donor, donor advisor, or related person?)	
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: a Gross income from members or shareholders. 11a a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.). 11b 11b 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a 13a b Enter the amount of reserves on hand. 13b 13c 14a X b If 'Yes,' sait filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14a X b If 'Yes,' see the instructions and file Form 4720, Schedule N. 15 X 14a X 16 X the organization and dile Form 4720, Schedule N. 16 X 16 X			-			
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. 11a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12a a 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. 13b b Enter the amount of reserves on hand. 13b c Enter the amount of reserves on hand. 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 if 'Yes,' see the instructions and file Form 4720, Schedule N. 16 X 16 X 16 X <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
a Gross income from members or shareholders. 11 a 11 a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.). 11 b 11 b 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13 a 13 a Note: See the instructions for additional information the organization must report on Schedule O. 13 b 13 a b Enter the amount of reserves on hand 13 c 14 a X 14 a Did the organization receive any payments for indoor tanning services during the tax year? 14 a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14 b 14 b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 X If 'Yes,' complete Form 4720, Schedule O. 16 X 16 X 16 X 17 'Yes,' see the instructions and file Form 4720, Schedule N. 16 X 16 X						
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.). 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a 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. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> . 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If 'Yes,' see the instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Yes,' complete Form 4720, Schedule O. 17 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
against amounts due or received from them.)						
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?	D	against amounts	due or received from them.)			
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If 'Yes,' see the instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17	12 a	Section 4947(a)(1	I) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	? 12 a		
a 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. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> . 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If 'Yes,' see the instructions and file Form 4720, Schedule N. 16 X If 'Yes,' complete Form 4720, Schedule O. 16 X If 'Yes,' complete Form 4720, Schedule O. 17 17	b	If 'Yes,' enter the	amount of tax-exempt interest received or accrued during the year 12b			
Note: See the instructions for additional information the organization must report on Schedule O. Image: the instructions for additional information is required to maintain by the states in which the organization is licensed to issue qualified health plans. Image: the instruction is licensed to issue qualified health plans. c Enter the amount of reserves on hand. Image: the instruction is licensed to issue qualified health plans. Image: the instruction is licensed to issue qualified health plans. Image: the instruction is licensed to issue qualified health plans. 14a Did the organization receive any payments for indoor tanning services during the tax year? Image: the instruction is licensed to issue qualified health plans. Image: the instruction is licensed to issue qualified health plans. 14a Did the organization receive any payments for indoor tanning services during the tax year? Image: the image: the instruction is placent to the section 4960 tax on payments? Image: the image: t						
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. 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If 'Yes,' see the instructions and file Form 4720, Schedule N. 16 X If 'Yes,' complete Form 4720, Schedule O. 16 X If 'Yes,' complete Form 4720, Schedule O. 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17	а	0		13a		
c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If 'Yes,' see the instructions and file Form 4720, Schedule N. 16 X If 'Yes,' complete Form 4720, Schedule O. 16 X If 'Yes,' complete Form 4720, Schedule O. 16 X If 'Yes,' complete Form 4720, Schedule O. 16 X If 'Yes,' complete Form 4720, Schedule O. 16 X If 'Yes,' complete Form 4720, Schedule O. 16 X If 'Yes,' complete Form 4720, Schedule O. 16 X If 'Yes,' complete Form 4720, Schedule O. 17 17			5			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If 'Yes,' see the instructions and file Form 4720, Schedule N. 16 X If 'Yes,' complete Form 4720, Schedule O. 16 X If 'Yes,' complete Form 4720, Schedule O. 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17						
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?						v
 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?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?		-				X
excess parachute payment(s) during the year? 15 X If 'Yes,' see the instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17					2	<u> </u>
16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	15	excess parachute	e payment(s) during the year?	4 -		Х
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	16			come? 16		Х
activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17	. —					
	17	activities that wou	uld result in the imposition of an excise tax under section 4951, 4952, or 4953?			

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Х

Check II Schedule O contains a response of note to any line in this Part vi	ule O contains a response or note to any line in this Part VI	
---	---	--

Sec	ction A. Governing Body and Management			
			Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year 1 a 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad 1 13			
	authority to an executive committee or similar committee, explain on Schedule O.			
ł	b Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7 a	a 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?	7 a		Х
ł	• Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
ä	a The governing body?	8 a	Х	
ł	a Each committee with authority to act on behalf of the governing body?	8 b	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? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	le Co	ode.)
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
ł	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?	10 b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
ł	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
(c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done SEE. SCHEDULE . Q	12 c	Х	
	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
ä	a The organization's CEO, Executive Director, or top management officialSEE.SCHEDULE.0	15a	Х	
ł	b Other officers or key employees of the organization	15b		Х
	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
ł	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?	16 b		
-	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.	01(c)(3)s on	ily)
	Own website X Another's website X 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 availate the public during the tax year. SEE SCHEDULE O	ble to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records >			
	ANDREW MACKIE PO BOX 1237 SCARBOROUGH ME 04070-1237 207-289-1199			

BAA

01-0352474

Form 990 (2021) SCARBOROUGH LAND CONSERVATION TRUST	01-0352474	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highe Independent Contractors	est Compensated Employee	es, and
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compens	sated Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year endir organization's tax year.	ng with or within the	

• 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, 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.

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

					(C))				
	(A) Name and title	(B) Average hours per	Pos thar is	s both dire	an o ector/	officer /truste		compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other
		week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	т (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
_(1)	ANDREW MACKIE	40								
	EXECUTIVE DIRECTOR	0				Х		89,858	. 0.	1,206.
_(2)	BETTS ARMSTRONG	4								
	PRESIDENT	0	Х		Х			0	. 0.	0.
(3)	DAWN PICCOLO	5								
	VICE PRESIDENT	0	Х		Х			0	. 0.	0.
<u>(4)</u>	DIANE NEAL	3								
	SECRETARY	0	Х		Х			0	. 0.	0.
<u>(5)</u>	MELISSA ANSON	1								
	BOARD MEMBER	0	Х					0	. 0.	0.
<u>(6)</u>	CAMERON BOYD	2								
	BOARD MEMBER	0	Х					0	. 0.	0.
_(7)	CHARLIE LEE	2								
	BOARD MEMBER	0	Х					0	. 0.	0.
<u>(8)</u>	RITA BRETON	3								
	BOARD MEMBER	0	Х					0	. 0.	0.
<u>(9)</u>	PATRICK O'REILLY	1								
	BOARD MEMBER	0	Х					0	. 0.	0.
(10)	LINWOOD HIGGINS	2								
	BOARD MEMBER	0	Х					0	. 0.	0.
<u>(11)</u>	RICK_SHINAY	2								
	BOARD MEMBER	0	Х					0	. 0.	0.
(12)		4								
	BOARD MEMBER	0	Х					0	. 0.	0.
(13)	AL TIMPSON	1								
	BOARD MEMBER	0	Х					0	. 0.	0.
(14)	JEREMY WINTERSTEEN	3								
	BOARD MEMBER	0	Х					0	. 0.	0.
BAA		TEEA0	107L	09/22	2/21					Form 990 (2021)

Form 990 (2021) SCARBOROUGH LAND CONSERVATION TRUST

01-0352474

Page 8

Pa	t VII Section A. Officers, Directors, Tru	stees, l	Key l	Emp	loye	es, a	anc	d Highest Com	pensated Empl	oyees (continued)
		(B)			(C)					
	(A) Name and title	Average hours per week	box,	unless	persor	e than o is both tor/trust	n an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		(list any hours	Indi or di	Institutio	Car Key	Hìgh emp	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization
		for related organiza	idividual 1 director	tution	Key employee	est co loyee	ner			and related organizations
		- tions below	Individual trustee or director	omeer nstitutional trustee	oyee	Highest compensated employee				
		dotted line)	ee	stee		Isateo				
(15)										
(15)										
(16)										
(17)			·							
(18)			·							
(19)										
(20)	·									
(21)	·									
(22)	·									
(23)	·									
(24)	·									
(25)	·									
16	Subtotal		<u> </u>				•	89,858.	0.	1,206.
c	Total from continuation sheets to Part VII, Section	on A				· · · · · · ·	•	0.	0.	0.
	Total (add lines 1b and 1c) Total number of individuals (including but not limited							<u>89,858.</u>	0.	1,206.
2	from the organization \blacktriangleright 0	to those i	isteu a	above,) WHO	recen	veu	more man \$100,00		ensation
	~ v									Yes No
3	Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or, truste 1 <i>individu</i>	ee, key <i>al</i>	y emp	oloye	e, or I	high 	nest compensated	employee	. 3 X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual	reportab r than \$1	le con 50,00	npens 0? <i>If</i>	satior 'Yes,	n and ' <i>com</i>	oth ple	er compensation te Schedule J for	from	. 4 X
_	Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	e comper ,' <i>comple</i>	nsatior ete Sci	n from hedul	n any e J fo	unrel or suc	late h p	d organization or	individual	. 5 X
Sec	tion B. Independent Contractors	مغمما أيمما	<u></u>				the e		an \$100 000 of	
	Complete this table for your five highest compension from the organization. Report compension	sation for	the ca	lenda	r yea	r endir	ng w	vith or within the or	ganization's tax year	
	(A) Name and business addr	ess						(B) Description of	of services	(C) Compensation
2	Total number of independent contractors (including be \$100.000 of compensation from the organization		ited to	those	e liste	d abov	ve) v	who received more	than	

Form 990 (2021) SCARBOROUGH LAND CONSERVATION TRUST Part VIII Statement of Revenue Conservation TRUST

01-0352474

Page 9

		(A)	(B)	(C)	_ (D)
		Total révenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from t under section 512-514
ð.	1 a Federated campaigns 1 a				
Amount	b Membership dues 1b				
Am	c Fundraising events 1c				
ilar	d Related organizations 1 d				
E	e Government grants (contributions) 1e 462,216.				
and Other Similar	f All other contributions, gifts, grants, and similar amounts not included above q Noncash contributions included in				
and (Ines 1a-1f	2,920,185.			
	Business Code	2,920,105.			
s	2a <u>PROGRAM FEES</u>	918.			91
	b				
	c				
	d				
	e				
>	f All other program service revenue				
_	g Total. Add lines 2a-2f►	918.			
	3 Investment income (including dividends, interest, and other similar amounts)►	23,295.			23,29
	4 Income from investment of tax-exempt bond proceeds ►				
	5 Royalties► (i) Real (ii) Personal				
	6a Gross rents				
	b Less: rental expenses 6b 4,000.				
	c Rental income or (loss) 6c 6, 120.				
	d Net rental income or (loss)	6,120.			6,12
	7 a Gross amount from (i) Securities (ii) Other	0,120.			0,12
	sales of assets				
	other than inventory /a b Less: cost or other basis				
	and sales expenses 7b				
	c Gain or (loss) 7c				
	d Net gain or (loss)►				
1	8 a Gross income from fundraising events				
	(not including \$ of contributions reported on line 1c).				
	See Part IV, line 18 8a 25,193. b Less: direct expenses 8b 9,820.				
	c Net income or (loss) from fundraising events►	15,373.			13,53
	9 a Gross income from gaming activities.	13,373.			13,33
	See Part IV, line 19 9 a b Less: direct expenses 9 b				
	c Net income or (loss) from gaming activities►				
1					
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold 10b				
	c Net income or (loss) from sales of inventory				
1	Business Code	1 0 4 2			1.04
ופ	11a <u>SALES OF PRODUCT</u>	1,043.			1,04
- Nevenue	b <u>OTHER INCOME</u>	147.			14
5	d All other revenue				
ž					1
ž	e Total. Add lines 11a-11d	1,190.			

Form 990 (2021) SCARBOROUGH LAND CONSERVATION TRUST

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX

000	tion 501(c)(3) and 501(c)(4) organizations must cor Check if Schedule O contains a				
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	89,858.	46,726.	17,972.	25,160.
6	Compensation not included above to	05,050.	40,720.	11,512.	25,100.
Ū	disqualified persons (as defined under section 4958(f)(1)) and persons described				
	in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	124,971.	74,271.	29,134.	21,566.
8	Pension plan accruals and contributions	,		_ ,	/ • • • •
-	(include section 401(k) and 403(b) employer contributions)	2,652.	1,492.	584.	576.
9	Other employee benefits	892.	713.	134.	45.
10	Payroll taxes	14,947.	8,409.	3,291.	3,247.
	Fees for services (nonemployees):	14,947.	0,409.	5,291.	5,247.
	a Management				
	b Legal	7,559.	7,475.	84.	
	Accounting	16,924.	787.	15,833.	304.
	Lobbying	10, 524.	101.	10,000.	504.
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	8,818.		8,818.	
	Other. (If line 11g amount exceeds 10% of line 25, column		12 (20		1 0.05
12	(A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion	15,280.	13,620.	395.	1,265.
13	Office expenses	3,703. 10,443.	2,318. 9,330.	<u>137.</u> 623.	<u>1,248.</u> 490.
14	Information technology	3,423.	1,667.	655.	1,101.
15	Royalties	5,425.	1,007.	055.	1,101.
16	Occupancy	6,213.	3,495.	1,368.	1,350.
17	Travel	0,213.	5,455.	1,500.	1,550.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,925.	2,395.	298.	232.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,009.	37,210.	402.	397.
23		1,889.	579.	1,086.	224.
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.)				
ä	IMPAIRMENT	551,893.	551,893.		
	DIRECT PROGRAM EXPENSES	47,068.	47,068.		
	PRINTING AND PUBLICATIONS	11,089.	4,662.	1,271.	5,156.
	TELEPHONE	4,211.	2,564.	829.	818.
	All other expenses	5,614.	1,116.	231.	4,267.
25	Total functional expenses. Add lines 1 through 24e	968,381.	817,790.	83,145.	67,446.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				
RAA					Earm 000 (2021)

Form 990 (2021) SCARBOROUGH LAND CONSERVATION TRUST

Part >	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	19,160.	1	31,191
2	Savings and temporary cash investments	745,499.	2	557,963
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	500.	4	53,000
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
8 9	Prepaid expenses and deferred charges	34,490.	9	34,836
` 10	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D10a5,471,313.			
	b Less: accumulated depreciation 10b 435, 587.	2,933,327.	10 c	5,035,726
11	Investments – publicly traded securities	1,117,365.	11	1,006,515
12	Investments – other securities. See Part IV, line 11		12	
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets.	7,336.	14	6,658
15	Other assets. See Part IV, line 11		15	8,598
16	Total assets. Add lines 1 through 15 (must equal line 33)	4,857,677.	16	6,734,487
17	Accounts payable and accrued expenses	25,402.	17	27,852
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
2 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22	Loans and other 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		22	
23			23	
24			24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
26	Total liabilities. Add lines 17 through 25.	25,402.	26	27,852
_	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	2,607,926.	27	4,346,778
28			28	2,359,857
27 28	Organizations that do not follow FASB ASC 958, check here ►	2,224,349.	20	2,359,651
	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund.		29 30	
2 30	Retained earnings, endowment, accumulated income, or other funds		30 31	
5 31	Total net assets or fund balances	1 020 275	31	6 706 625
29 30 31 32 33		4,832,275.		6,706,635
33		4,857,677.	33	6,734,487

Page 11

01-0352474

Part XI Reconciliation of Net Assets Image: Construct of the set of the	Form	1 990 (2021) SCARBOROUGH LAND CONSERVATION TRUST 01-	-0352	474		Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 2, 967, 081. 2 Total expenses (must equal Part IX, column (A), line 25) 2 968, 381. 3 Revenue less expenses. Subtract line 2 from line 1. 3 1, 998, 700. 4 44, 832, 275. 4 4, 832, 275. 5 Net unrealized gains (losses) on investments. 6 -124, 340. 6 0 6 -124, 340. 7 8 6 -124, 340. 6 0 9 0. 10 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 6, 706, 635. Prior period adjustments 9 0. 10 6, 706, 635. 10 6, 706, 635. Part XII Financial Statements and Reporting	Par	t XI Reconciliation of Net Assets					
2 Total expenses (must equal Part IX, column (A), line 25)		Check if Schedule O contains a response or note to any line in this Part XI.					
2 Total expenses (must equal Part IX, column (A), line 25). 2 968, 381. 3 Revenue less expenses. Subtract line 2 from line 1 3 1, 998, 700. 4 4, 832, 275. 5 Net unrealized gains (losses) on investments. 5 -124, 340. 6 7 7 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 (A)). 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)). 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 6, 706, 635. Part XII Financial Statements and Reporting 10 6, 706, 635. Check if Schedule O contains a response or note to any line in this Part XII. 1 4 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a 1 Accounting from a prior year or checked 'Other,' explain 1 2a X 1 Accounting the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1 Yes, 'check a box below to indicate w	1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,96	7.0	81.
3 Revenue less expenses. Subtract line 2 from line 1 3 1,998,700. 4 Vet assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). 4 4,832,275. 5 Net unrealized gains (losses) on investments. 5 -124,340. 6 0 5 1 7 8 7 8 9 0. 10 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 6 6 7 11 Accounting method used to prepare the Form 990: Cash 12 Check if Schedule O contains a response or note to any line in this Part XII. 11 Accounting method used to prepare the Form 990: Cash 11 Accounting method used to prepare the Form 990: Cash 12 Accrual Other 14 Yes 15 No 16 Yes, check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. 13 Separate basis Consolidated basis. 14 Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis. 16 Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis. 16 Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis. 17 Yes, check a	2	Total expenses (must equal Part IX, column (A), line 25)	2				
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). 4 4, 832, 275. 5 Net unrealized gains (losses) on investments. 5 -124, 340. 6 6 7 7 8 7 8 9 0ther 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 6, 706, 635. Part XII Financial Statements and Reporting 10 6, 706, 635. Check if Schedule O contains a response or note to any line in this Part XII. 7 10 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 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: 2a X 15 Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X 16 Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X 16 Yes,' check a box below to indicate whether t	3	Revenue less expenses. Subtract line 2 from line 1	3			-	
5 Net unrealized gains (losses) on investments. 5 -124, 340. 6 0 6 7 8 7 8 Prior period adjustments. 7 9 0ther 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 6, 706, 635. Part XII Financial Statements and Reporting 0 6 7 Check if Schedule O contains a response or note to any line in this Part XII. 7 8 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 9 0. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 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: 2a X 1 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 1 Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate b	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			-	
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 6, 706, 635. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Cash 1 Accounting method used to prepare the Form 990: 1 Cash 1 Accounting from a prior year or checked 'Other,' explain 0 Separate basis, consolidated basis, or both: 1 X 1 Separate basis 1 Consolidated basis, or both: 1 Separate basis 1 Separate basis 1 Consolidated basis 1 Separate basis 1 Consolidated basis 1 Separate basis 2 Separate basis 2 Separate basis 2 Separate basis 1 Consolidated basis 1 Separate basis 2 Separate basis 2 Separate basis 2 Separate basis 3 Consolidated basis 3 Both consolidated and separate basis	5	Net unrealized gains (losses) on investments.	5				
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 6, 706, 635. Part XII Financial Statements and Reporting 10 6, 706, 635. Check if Schedule O contains a response or note to any line in this Part XII. 1 Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O. 2a X 1 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1 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 2b X 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: 2b X 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: 2b X </td <td>6</td> <td>Donated services and use of facilities</td> <td>6</td> <td></td> <td>10</td> <td>1/0</td> <td></td>	6	Donated services and use of facilities	6		10	1/0	
9 Other changes in net assets or fund balances (explain on Schedule O)	7	Investment expenses	7				
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 6, 706, 635. Part XII Financial Statements and Reporting 6, 706, 635. 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 X If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis	8	Prior period adjustments	8				
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 6, 706, 635. Part XII Financial Statements and Reporting 6, 706, 635. 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 Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X I Yes No 2 a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X I I 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: X Zb X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis Zb X X 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: Zb X Zb X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and sepa	9	Other changes in net assets or fund balances (explain on Schedule O).	9				0
column (B)) 10 6, 706, 635. Part XII Financial Statements and Reporting	10	Net assets or fund balances at end of vear. Combine lines 3 through 9 (must equal Part X. line 32.					<u> </u>
Check if Schedule O contains a response or note to any line in this Part XII. 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? X Separate basis, consolidated basis, or both: X Separate basis Domoslidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis B Separate basis C 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? If the organization changed either its oversight process or selection process during the tax year, explain a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	_		10		6,70	6,6	535.
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 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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 2b X 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: 2b X 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: 2b X 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: 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 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, expl	Par	t XII Financial Statements and Reporting					
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 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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 2b X 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: 2b X 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: 2b X 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: 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 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, expl		Check if Schedule O contains a response or note to any line in this Part XII					. 🗖
If the organization changed its method of accounting from a prior year or checked 'Other,' explain 2a 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 2a X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X 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: 2b X 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: 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 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 0. 3a X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single							
on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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 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 c 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? 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 Single Audit Act and OMB Circular A-133?	1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
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: Image: Consolidated basis, or both: Image: Consolidated basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or		If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.					
separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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 Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c 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? 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 Single Audit Act and OMB Circular A-133?	2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Х	
b Were the organization's financial statements audited by an independent accountant? 2 b X 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: 2 b X Separate basis Consolidated basis Both consolidated and separate basis 2 c X c 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? 2 c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single 3 a X		s <u>ep</u> arate basis, consolidat <u>ed</u> basis, or both:	ed on a	a			
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis If 'Yes,' check a box below to indicate basis 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? 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 Single Audit Act and OMB Circular A-133? 3a X		X Separate basis Consolidated basis Both consolidated and separate basis					
basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c 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? 2 c 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 Single Audit Act and OMB Circular A-133? 3a X	Ł	Were the organization's financial statements audited by an independent accountant?			2 b		Х
Separate basis Consolidated basis Both consolidated and separate basis 2 c C 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? 2 c 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 Single Audit Act and OMB Circular A-133? 3a X			ate				
c 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? 2 c 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 Single Audit Act and OMB Circular A-133? 3a X							
review, or compilation of its financial statements and selection of an independent accountant? 2 c 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 Single Audit Act and OMB Circular A-133? 3a X							
on Schedule O. 3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3 a X	Ľ	review, or compilation of its financial statements and selection of an independent accountant?	., 	[2 c		Х
Audit Act and OMB Circular A-133?		If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
b If 'Yes' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single			3a		Х
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	k	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au or audits, explain why on Schedule O and describe any steps taken to undergo such audits		[3 b		
BAA TEEA0112L 09/22/21 Form 990 (2021)	BAA					9 90 (2021)

SCHEDULE A	١
(Form 990)	

Total

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
20	21

	► Attach to Form 990 or Form 990-EZ.					Open to Public		
Department of the Treasury Internal Revenue Service			Go to www.irs.gov/Fo	to www.irs.gov/Form990 for instructions and the latest information				Inspection
	ame of the organization Employer identifica							
			ATION TRUST	rganizations must	aamal	ata thi	01-035247	
Part				For lines 1 through 12,			1 /	
1	Ĕ_	•	•	nurches described in sect		2	,	
2				ach Schedule E (Form			.,	
3	A hospital or	a cooperative h	ospital service organi	ization described in sec	ction 17	0(b)(1)(A	A)(iii).	
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state:							
5		ion operated for ɔ)(1)(A)(iv). (Co		ge or university owned	or oper	ated by	a governmental unit de	escribed in
6	A federal, sta	ate, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1))(A)(∨).	
7	An organization in section 17	on that normally r 0(b)(1)(A)(vi). (eceives a substantial p Complete Part II.)	art of its support from a	governm	ental un	it or from the general pul	blic described
8				A)(vi). (Complete Part I	•			
9				tion 170(b)(1)(A)(ix) operative (see instructions). Enter				
10	from activities investment in	s related to its a ncome and unre	exempt functions, sub	nan 33-1/3% of its supp ject to certain exceptio e income (less section Part III.)	ns: and	(2) no r	nore than 33-1/3% of i	ts support from gross
11	An organizati	on organized a	nd operated exclusive	ly to test for public safe	ety. See	sectior	n 509(a)(4).	
12 a	or more public lines 12a thro Type I. A supp organization(s	icly supported o bugh 12d that de porting organizati	rganizations describe escribes the type of su on operated, supervised gularly appoint or elect	ly for the benefit of, to d in section 509(a)(1) of upporting organization d, or controlled by its sup a majority of the director	or sectio and com	n 509(a nplete lii roanizat)(2). See section 509(a nes 12e, 12f, and 12g. ion(s). typically by giving	(3). Check the box on
b	management	oporting organiz of the supporting • te Part IV, Sect	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You
С	Type III function	onally integrated s) (see instructi	. A supporting organizat ons). You must comp	ion operated in connection of the section of the se	n with, ai A, D, an	nd functio d E.	onally integrated with, its	supported
d	Type III non-fu functionally in instructions).	unctionally integ ntegrated. The o You must com	rated. A supporting org organization generally plete Part IV, Section	anization operated in cor must satisfy a distribu s A and D, and Part V.	nnection tion req	with its s uiremen	supported organization(s) t and an attentiveness) that is not requirement (see
е	Check this bo	x if the organiz	ation received a writte	en determination from t supporting organizatior	the IRS	that it is	s а Туре I, Туре II, Тур	e III functionally
f	Enter the number	er of supported	organizations					
g	Provide the follo	wing informatio	n about the supported	d organization(s).				
(i) Name of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

SCARBOROUGH LAND CONSERVATION TRUST

Page 2

01-0352474

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.)

Section A. Public Support

tion A. Public Support							
ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	188,764.	355,121.	356,954.	425,894.	1,197,985.	2,524,718.	
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
Total. Add lines 1 through 3	188,764.	355,121.	356,954.	425,894.	1,197,985.	2,524,718.	
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)						1,207,235.	
Public support. Subtract line 5 from line 4						1,317,483.	
tion B. Total Support							
ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
Amounts from line 4	188,764.	355,121.	356,954.	425,894.	1,197,985.	2,524,718.	
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,638.	17,204.	20,061.	20,480.	23,295.	95,678.	
Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI			4,808.	7,206.	6,120.	18,134.	
Total support. Add lines 7 through 10						2,638,530.	
Gross receipts from related activ	ities, etc. (see ins	tructions)			12	0.	
First 5 years. If the Form 990 is organization, check this box and	for the organizatic stop here	n's first, second,	third, fourth, or fi	ifth tax year as a	section 501(c)(3)	►	
tion C. Computation of Pul	blic Support P	ercentage					
	•					49.93%	
						44.32 %	
33-1/3% support test-2021. If the and stop here. The organization	ne organization die qualifies as a pub	d not check the bo licly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	3% or more, check	this box ► X	
b 33-1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
or more, and if the organization	meets the facts-ar	nd-circumstances	test, check this b	box and stop here	. Explain in Part	VI how	
or more, and if the organization organization meets the facts-and	meets the facts-ar I-circumstances te	nd-circumstances st. The organizati	test, check this to on qualifies as a	box and stop here publicly supporte	e. Explain in Part d organization	VI how the	
Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	, or 17b, check th	is box and see ins	structions ►	
	ndar year (or fiscal year ning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.). Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	Image: Note: Section of the sectin of the organization for the section of the se	Indar year (or fiscal year mining in) + (a) 2017 (b) 2018 Gits, grants, contributions, and membrang these received. (Do not include any funusual grants.). 188, 764. 355, 121. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 188, 764. 355, 121. The value of services or facilities furnished by a governmental unit to the organization without charge 188, 764. 355, 121. Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 188, 764. 355, 121. Total. Add lines 1 through 3 The samper (or fiscal year mining in) + (a) 2017 (b) 2018 Momonts from line 4. Gavear (or fiscal year mining in) + (a) 2017 (b) 2018 Amouts from line 4. 188, 764. 355, 121. Gavear (or fiscal year mining in) + Amouts from line 4. 188, 764. 355, 121. Gavear (or fiscal year mining in) + Amouts from line 4. 188, 764. 355, 121. Gavear (or fiscal year mining in) + Amouts from line 4. 188, 764. 355, 121. Gavear (or fiscal year mining in) + Gavear (or fiscal year mining in) + Gavear (or fiscal year mining in) + Gavear (or fiscal year mining in) +	Indar year (or fiscal year numing in) - (a) 2017 (b) 2018 (c) 2019 (d) 2017 (b) 2018 (c) 2019 (d) grits, grants, contributions, and membership fees received. (Do not include any inusual grants.)	Index year (or fiscal year number) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (ifts, gants, contributions, and membership less repeived, (0 or numbership less repeived, (0 or numbership)) included on line 1 Total. Add lines 1 through 3. 188, 764. 355, 121. 356, 954. 425, 894. Public support. 188, 764. 355, 121. 356, 954. 425, 894. Public support. 188, 764. 355, 121. 356, 954. 425, 894. Rowing in break (a) 2017 (b) 2018 (c) 2019 (d) 2020 Amounts from line 4. 188, 764. 355, 121. 356, 954. 425, 894. Gross income from intractal received on securities loars, rents,	ndar year (or fiscal year nming in) - fifts gents, contributions, and mind any mescal practs), not mind any mescal practs, not mind any mes	

Schedule A (Form 990) 2021

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support						
	lar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
I	Gifts, grants, contributions, and membership fees						
	received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						
3	Gross receipts from activities						
•	that are not an unrelated trade						
4	or business under section 513. 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						
	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 disgualified 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						
500	7c from line 6.)						
	tion B. Total Support	(-) 2017	(h) 2010	(-) 2010		(-) 2021	
	dar year (or fiscal year beginning in) ► Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gross income from interest, dividends,						
IVa	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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b.						
	whether or not the business is						
12	regularly carried on						
12	gain or loss from the sale of						
	capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9,						
14	10c, 11, and 12.)	for the conversion of		the instant second large second	C. 611- 1		
14	First 5 years. If the Form 990 is organization, check this box and	stop here	on's first, second,	third, fourth, or i	inth tax year as a	section 501(c)(3)	►
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						010
_	Public support percentage from						010
Sec	tion D. Computation of Inv					· · ·	÷
17	Investment income percentage f			-			00
18	Investment income percentage f						010
19a	33-1/3% support tests – 2021. If is not more than 33-1/3%, check	the organization d	lid not check the l	box on line 14, ai	nd line 15 is more	than 33-1/3%, and	d line 17 ► □
b	33-1/3% support tests – 2020. If t						
	line 18 is not more than 33-1/3%	6, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported organ	nization 🕨
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	see instructions.	►

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was 2 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. 3a **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination. 3b 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. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Δh **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. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in 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). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 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). 7 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI. 9a **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**. 9b 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. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below. 10a **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b

Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
C A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		

SCARBOROUGH LAND CONSERVATION TRUST

Section B. Type I Supporting Organizations

Schedule A (Form 990) 2021

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (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		
	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.			

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.

2a

2b

3a

Yes

No

01-0352474

Page 5

Yes

1

2

No

No

Part V

A (Form 990) 2021 SCARBOROUGH LAND CONSERVATION TRUST Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio	st on No ons mus	v. 20, 1970 (explain ir t complete Sections A	l Part VI). See 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		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1 d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
		_	

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

BAA

Schedule A (Form 990) 2021

SCARBOROUGH LAND CONSERVATION TRUST

Par		upporting Organiza	ations (continue	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes	IS,			
	in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required - provide	e 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 Part VI). See instructions.	ion is responsive (provide	details	8	
9	Distributable amount for 2021 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ons	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
1	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

BAA

Schedule A (Form 990) 2021

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2021	2020	2019	2018	2017
OTHER INCOME TOTAL	<u>\$ 6,120.</u> \$ 6,120	<u>\$ 7,206.</u> \$ 7,206. \$	<u>4,808.</u> 4,808. §	5 0	<u>\$ 0</u>
101/11	φ 0,120.	φ 7,200. φ	4,000. 4	, <u> </u>	ç 0.

SCHEDULE		Sup	plemental Financial S	Statomonte			OMB No. 1545-0047
(Form 990)		► Comple	te if the organization answered 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d	'Yes' on Form 990	, 2h		2021
Department of the Tre Internal Revenue Ser	 Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. 						
Name of the organiza		CONSERVATION TR	RIIST			Employer	identification number
							52474
Part I Org	anizations	Maintaining Dong	or Advised Funds or Othe wered 'Yes' on Form 990,	Part IV line 6	s or A	Accounts.	
001		e organization ans	(a) Donor advised f			b) Funds and	d other accounts
		fyear					
		ons to (during year).					
	-	m (during year)					
5 Did the ord	ganization in	form all donors and do	nor advisors in writing that the organization's exclusive legal of	assets held in dono	r advis	sed funds	Yes No
6 Did the org	anization in ble purposes	form all grantees, donc and not for the benefi	ors, and donor advisors in writin t of the donor or donor advisor,	g that grant funds o or for any other pu	can be irpose	used only conferring	⊥ ⊥ ∏Yes ∏No
	-	Easements.					
Con	plete if th	e organization ans	wered 'Yes' on Form 990				
			y the organization (check all the plan in the plan is the plan is a second to be a second to be a second to be a	11 37	of o b	istoriaelly im	portant land area
	tion of natur			Preservation		2	
	vation of ope						
	nes 2a throug the tax year		held a qualified conservation cont	ribution in the form o	f a cor		
• Total num	hor of conco	nyation accoments			2 a		e End of the Tax Year
			ments.			125	
	-	-	ified historic structure included		2 c	120	
d Number of	conservation	n easements included i	in (c) acquired after 7/25/06, an	d not on a historic	2 d		
			nsferred, released, extinguished, o		-	ation during	the
			ervation easement is located >	1			
5 Does the c	organization	have a written policy re	egarding the periodic monitoring nts it holds?SEEPART	j, inspection, handli X T T T	ing of	violations,	X Yes No
			inspecting, handling of violations,				
7 Amount of ►\$	expenses incl 3,85	÷ ,	ecting, handling of violations, and	enforcing conservati	on eas	ements durin	g the year
and sectio	n 170(h)(4)(E	B)(ii)?	n line 2(d) above satisfy the rec				Yes No
include, if conservati	applicable, t on easement	the text of the footnote ts. SEE PART X	ports conservation easements in to the organization's financial s []]]	tatements that des	cribes	the organiza	tion's accounting for
Part III Org Com	anizations	Maintaining Colle e organization ans	ections of Art, Historical wered 'Yes' on Form 990	Freasures, or O , Part IV, line 8.	ther	Similar As	sets.
historical t	reasures, or	other similar assets he	er FASB ASC 958, not to report eld for public exhibition, educati al statements that describes the	on, or research in f	ement urthera	and balance ance of publi	sheet works of art, c service, provide in
historical tr following a	easures, or of amounts rela	ther similar assets held f ting to these items:	r FASB ASC 958, to report in it or public exhibition, education, or	research in furtherar	nce of p	oublic service	, provide the
••			line 1				
							·
			historical treasures, or other simila ASC 958 relating to these item				
			• 1				
D Assets Inc	luded in Forr	11 990, Mart X					ې

Schedule D (Form 990) 2021 SCAR				01-035		Page 2
Part III Organizations Mainta	ining Collections	s of Art, Historic	al Treasures, or	Other Similar As	sets (contin	ued)
3 Using the organization's acquisition items (check all that apply):	, accession, and other	records, check any o	of the following that ma	ake significant use of its	collection	
a Public exhibition		d Loan or e	exchange program			
b Scholarly research		e Other				
c Preservation for future gener	rations					
4 Provide a description of the organiz Part XIII.	ation's collections and	explain how they fur	ther the organization's	exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather t	tion solicit or receive	donations of art, h	istorical treasures, or	other similar assets	Yes	No
Part IV Escrow and Custodia						
line 9, or reported an	amount on Form	990, Part X, lin	e 21.		Jini 550, i e	
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodian or oth	ner intermediary for	contributions or othe	r assets not included	Yes	No
b If 'Yes,' explain the arrangement						
2 ····· ··· ···· ···· ···· ···· ···· ···· ···· ···					Amount	
c Beginning balance				1c		
d Additions during the year				1d		
e Distributions during the year				1e		
f Ending balance				1f		
2 a Did the organization include an a	amount on Form 990,	Part X, line 21, for	escrow or custodial a	account liability?	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII. Check h	ere if the explanation	on has been provided	d on Part XIII		
Part V Endowment Funds. C	omplete if the or	ganization answ	ered 'Yes' on For	r <u>m 990, Part IV, li</u>	ne 10.	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back		
1 a Beginning of year balance	1,117,365.	871,968				0.
b Contributions		1,276	. 28,801	. 85,400	. 662	2,173.
c Net investment earnings, gains,	110 050	044 101	56.440		_	
and losses	-110,850.	244,121	. 56,440	44,452	. 5	5,298.
d Grants or scholarships					_	
e Other expenditures for facilities and programs				0		
f Administrative expenses					<u> </u>	
q End of year balance	1,006,515.	1,117,365	. 871,968	786,727	. 667	,471.
2 Provide the estimated percentag					<u> </u>	/ = / = /
a Board designated or guasi-endowm	-).00 [%]				
b Permanent endowment	80					
c Term endowment ►	00					
The percentages on lines 2a, 2b, a	nd 2c should equal 100)%.				
3 a Are there endowment funds not in	the possession of the c	ragnization that are l	and administered	for the		
organization by:		nganization that are i			Yes	No
(i) Unrelated organizations					3a(i)	Х
(ii) Related organizations					3a(ii)	Х
b If 'Yes' on line 3a(ii), are the rela	ated organizations lis	ted as required on S	Schedule R?		3b	
4 Describe in Part XIII the intended	d uses of the organiz	ation's endowment	funds. SEE PARI	I XIII		
Part VI Land, Buildings, and						
Complete if the organ	ization answered	'Yes' on Form 9	990, Part IV, line	11a. See Form 99	30, Part X, ∣	line 10.
Description of property	(a) Cos (in	t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land			4,610,519.		4,610	0,519.
b Buildings			581,393.	271,155.		D,238.
c Leasehold improvements			. ,	,		_,
d Equipment		ł	33,380.	25,482.	-	7,898.
e Other			246,021.	138,950.		7,071.
Total. Add lines 1a through 1e. (Colum	nn (d) must equal For	rm 990, Part X, colu				5,726.
BAA				Schee	dule D (Form 99	

Schedule D (Form 990) 2021 SCARBOROUGH LAND (CONSERVATION TRU	ST	01-0352474	Page 3
Part VII Investments – Other Securities. Complete if the organization answered		N/A		, line 12.
(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market va	
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(F) (G)				
(G) (H)				
(l)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)				
Part VIII Investments – Program Related.		N/A		
Complete if the organization answered				
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year mark	ket value
(1)				
(2)				
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)►				
Part IX Other Assets. Complete if the organization answered	N/A I 'Yes' on Form 990.	Part IV, line 11d, See	Form 990, Part X	. line 15.
	scription	· · · · · · · · · · · · · · · · · · ·	(b) Book	
(1)				
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
Total. (Column (b) must equal Form 990, Part X, column (R) line 15)		•	
Part X Other Liabilities.	D) IIIIC 10.)			
Complete if the organization answered 'Yes' on F		or 11f. See Form 990, Part	X, line 25.	
	iption of liability		(b) Book	value
(1) Federal income taxes				
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			>	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the for			rganization's liability for unce	ertain
tax positions under FASB ASC 740. Check here if the text of the footnote has				

Schedule D (Form 990) 2021 SCARBOROUGH LAND CONSERVATION TRUST	01-0352474 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Reve	enue per Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 1	2a.
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:	
a Net unrealized gains (losses) on investments 2a	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants 2c	
d Other (Describe in Part XIII.) 2d	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements With Exp	enses per Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 1	
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 2a	
b Prior year adjustments	
c Other losses.	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b	-
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part XIII Supplemental Information.	

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

PART II, LINE 5 - SUMMARIZED POLICY

EACH YEAR THE SCARBOROUGH LAND TRUST STEWARDSHIP DIRECTOR MONITORS EACH PROPERTY,

WHICH INCLUDES A SITE VISIT AND DEVELOPING A REPORT FOR EACH EASEMENT.

PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS

THE EASEMENTS ARE RECORDED ON THE PROFIT & LOSS AS EXPENSES AND ARE NOT DEPRECIATED.

COSTS RELATED TO MONITORING AND MAINTAINING AUTHORITY OVER THE EASEMENTS ARE EXPENSED

ON THE STATEMENT OF FUNCTIONAL EXPENSES AS PROGRAM SERVICE EXPENSES.

Schedule D (Form 990) 2021

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

IT IS THE INTENTION OF THE BOARD TO USE ANNUAL DISTRIBUTION FUNDS FROM THIS ENDOWMENT FOR ACQUISITION AND STEWARDSHIP RELATED NEEDS PRIORITZED AND APPROVED BY THE BOARD.

	Suppleme	ental Informa	tion Reg	jarding F	undraising or Gami	ng Acti	ivities	OMB No. 1545-0	047
SCHEDULE G (Form 990)	Comple	te if the organizati organizatior	on answere n entered me	d 'Yes' on Fo ore than \$15	orm 990, Part IV, line 17, 18, ,000 on Form 990-EZ, line 6a	, or 19, or a.	if the	2021	
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 							Open to Pub Inspection	lic
Name of the organization	hization Employer iden UGH LAND CONSERVATION TRUST 01-0352								
Fundraising		te if the organiza	tion answe	ered 'Yes' o	on Form 990, Part IV, line	e 17.		-	
					owing activities. Check	all that	apply.		
a Mail solicitatio				e		•	0		
b Internet and e c Phone solicita	email solicitations ations	5		f	Solicitation of gove		-		
d In-person soli				5					
employees listed	in Form 990, Par) highest paid inc	t VII) or entity i dividuals or enti	n connéct ties (fundi	tion with p	including officers, director rofessional fundraising ursuant to agreements u	services	s?		X No
. <u> </u>	-			6 I I		(v) Ar	nount paid to	() Amount no	id to
(i) Name and addres or entity (fundr		(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or r fundra	retaine ['] d by) aiser listed in olumn (i)	(vi) Amount pa (or retained to organization	oy)
			Yes	No					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total		1	1						
Total 3 List all states in whor licensing.					ontributions or has been	I notified i	it is exempt from	registration	0.

Schedule	G	(Form	990)	2021
----------	---	-------	------	------

SCARBOROUGH LAND CONSERVATION TRUST

01-0352474 Page **2**

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

<u>م</u>			(a) Event #1 <u>BTF DINNER</u> (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
Revenue	-		00.100			00.100
Rev	1	Gross receipts	22,100.			22,100.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	22,100.			22,100.
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
rect	8	Entertainment				
ā	9	Other direct expenses	8,570.			8,570.
	10	Direct expense summary. Add lines 4 thr	ough 9 in column (d)			8,570.
	11	Net income summary. Subtract line 10 fro	•			• / • • • •
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Yes	s' on Form 990, Pai	rt IV, line 19, or re	ported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Å	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes% No	Yes%	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)	•	
t 10 a	Ente Is th If 'N	er the state(s) in which the organization co ne organization licensed to conduct gaming	nducts gaming activitie g activities in each of th g activities in each of th g activities in each of the g activities in the g activities in the g activities in the g activities in the g activities in the g activities in the g activitities in the g activities in the g activities in the g activiti	es: nese states? or terminated during th	e tax year?	Yes No

Schedule G (Form 990) 2021

Schedule G (Form 990) 2021	SCARBOROUGH LAND CONSERVATION TRUST	01-0352474	Page 3
11 Does the organization condu	ct gaming activities with nonmembers?	Yes	5 No
	eneficiary or trustee of a trust, or a member of a partnership or other entity a		5 🗌 No
13 Indicate the percentage of gam	ing activity conducted in:	1 1	
• •			010
-			olo
14 Enter the name and address of	the person who prepares the organization's gaming/special events books an	nd records:	
Name ►			
 15 a Does the organization have a b If 'Yes,' enter the amount of of gaming revenue retained I c If 'Yes,' enter name and add 		ng revenue? Y and the amount	es No
Name ►			
			;
16 Gaming manager information	1:		
Name ►			
Gaming manager compensat	ion ► \$		
Description of services provid	ded ►		
Director/officer	Employee Independent contractor		
17 Mandatory distributions:			
	der state law to make charitable distributions from the gaming proceeds to re		es 🗌 No
5 5	ns required under state law to be distributed to other exempt organizations o		
	ctivities during the tax year ► \$		
Part IV Supplemental Info and Part III, lines information. See i	prmation. Provide the explanations required by Part I, line 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also pro nstructions.	2b, columns (iii) and vide any additional	d (v);

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

SCARBOROUGH LAND CONSERVATION TRUST Part I Types of Property

Employer identification number
01-0352474

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	(d od of d contrib	etermin	iing mounts
1	Art – Works of art							
	Art – Historical treasures							
	Art – Fractional interests.							
	Books and publications.							
	Clothing and household goods							
	Cars and other vehicles							
7	Boats and planes							
	Intellectual property.	57						
	Securities – Publicly traded	Х	10	90,961.	FMV			
	Securities – Closely held stock							
	Securities – Partnership, LLC, or trust interests.							
	Securities – Miscellaneous							
13	Qualified conservation contribution – Historic structures							
14	Qualified conservation contribution – Other	Х	3	1,722,200.	ASSESS	SED V	ALUE	
15	Real estate – Residential							
	Real estate – Commercial							
17	Real estate – Other							
18	Collectibles.							
19	Food inventory.							
	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 d							
	organization completed Form 8283, Part V, Donee	e Acknowled	gement		29			
							Yes	No
30a	During the year, did the organization receive by contri	bution any p	roperty reported in Part I	, lines 1 through 28, that				
	it must hold for at least three years from the date							
	for exempt purposes for the entire holding period?	?				30 a		X
	If 'Yes,' describe the arrangement in Part II.							
	Does the organization have a gift acceptance police				ns?	31		Х
32a	Does the organization hire or use third parties or r contributions?					32 a		Х
b	If 'Yes,' describe in Part II.							
33	If the organization didn't report an amount in colu describe in Part II.	mn (c) for a	type of property for wh	nich column (a) is chec	ked,			
	For Denerwork Deduction Act Nation and the Inc		= 000		Calcada			0) 0001

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

Schedule M (Form 990) 2021

01-0352474 Page 2 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SCARBOROUGH LAND CONSERVATION TRUST

Employer identification number
01-0352474

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

IN JUNE 2021, THE SCARBOROUGH LAND TRUST HELD ITS ANNUAL MEMBER MEETING. AT THIS MEETING THE BOARD OF DIRECTORS PUT FORTH TO THE MEMBERSHIP A CHANGE IN THE BYLAWS OF THE ORGANIZATION, ELIMINATING MEMBERSHIP AND ALL ASSOCIATED RESPONSIBILITIES, SUCH AS VOTING FOR DIRECTORS AND OFFICERS. THE CHANGE IN THE BYLAWS PASSED AND BECAME EFFECTIVE AS OF JULY 1, 2021. FROM THIS DATE FORWARD THE BOARD OF DIRECTORS OF THE ORGANIZATION VOTES FOR AND APPROVES ITS OWN DIRECTORS AND OFFICERS. THE ANNUAL MEETING OF THE MEMBERSHIP IS NOW AN ANNUAL MEETING OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE DRAFT 990 IS REVIEWED BY THE FINANCE COMMITTEE. THIS COMMITTEE IDENTIFIES ANY CONCERNS WITH THE SPECIFIC CONTENTS OF THE 990. AT THIS POINT THE COMMITTEE MAKES A RECOMENDAITON (WITH POSSIBLE CHANGES) TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS TAKES ACTION ON ANY CONCERNS, IF NO CONCERNS, THE DIRECTORS VOTE TO APPROVE THE 990.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

SCARBOROUGH LAND TRUST HAS A CONFLICT OF INTEREST POLICY THAT IS PROVIDED TO BOARD MEMBERS, STAFF AND COMMITTEE MEMBERS. EACH INDIVIDUAL NEEDS TO SIGN THE ACKNOWLEDGMENT PAGE OF THE POLICY AND RETURN TO THE OFFICE. AT THE START OF EACH BOARD MEETING THE DIRECTORS ARE ASKED ABOUT ANY CURRENT OR POTENTIAL CONFLICTS OF INTEREST. ANY SUCH CONFLICTS ARE RECORDED IN THE MINUTES. CERTAIN COMMITTEES ALSO ASK AT THE START OF EACH MEETING IF THERE ARE ANY CONFLICTS TO DECLARE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT BOARD REVIEWS OTHER LAND TRUST EXECUTIVE DIRECTOR SALARIES FROM THE REGION TO MAKE ADJUSMENTS FROM THE RATE PAID IN THE PAST TO EXECUTIVE DIRECTORS AT THE SCARBOROUGH LAND TRUST

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FEDERAL WORKSHEETS

PAGE 1

CLIENT SLCT	SCARBOROUGH	I LAND CONS	ERVATION TR	UST		01-0352474
1/30/23						03:07PM
RENTAL INCOME WORKSHE	ET					
GROSS RENTAL INCOME. EXPENSES					\$1	.0,120.
INSURANCE TOTAL EXPENSES						<u>4,000.</u> 4,000.
		NET	'RENTAL INC	OME OR LOS	SS <u>\$</u>	6,120.
FORM 990, PART III, LINE 4E PROGRAM SERVICES TOTAL	-S PROGRAM					
	SERVICES TOTAL	5	990	SOI	JRCE	
TOTAL EXPENSES GRANTS REVENUE	817,7 4,8	0.		IX, LINES	25, COL. B 1-3, COL. E 2, COL. D	В
FORM 990, PART IX, LINE 110 OTHER FEES FOR SERVICES	G					
	,	(A)	(B)	(C)		(D)
		TOTAL	PROGRAM SERVICES	MANAGEN & GENE		TUND- AISING
CONTRACT SERVICES	TOTAL <u>\$</u>	<u>15,280.</u> 15,280.	<u>13,620</u> \$13,620	· <u>\$</u>	395. 395. \$	<u>1,265.</u> 1,265.
FORM 990, PART IX, LINE 248 OTHER EXPENSES	Ξ					
		(A)	(B) PROGRAM	(C) MANAGEM	FNT	(D)
		TOTAL	SERVICES	<u>& GENE</u>	RAL FUNI	DRAISING
BANK FEES & LICENSES OTHER EXPENSES		1,348. 2,903.	313		26.	1,009. 2,903.
POSTAGE AND SHIPPING	total <u>\$</u>	1,363. 5,614.	803 \$1,116	. <u>\$</u>	205. 231. \$	355. 4,267.
EXCESS CONTRIBUTIONS SCHEDULE A, PART II, LINE S	5					
2017 2018	2019	2020	2021	TOTAL	2% AMT	EXCESS
ANN & JIM HANCOCK 10,000 12,000	60,000	60,000	100,000	242,000	52,771	189,229

2021

2021

1/30/23

FEDERAL WORKSHEETS

PAGE 2

01-0352474

CLIENT SLCT

SCARBOROUGH LAND CONSERVATION TRUST

EXCESS CONTRIBUTIONS (CONTINUED) SCHEDULE A, PART II, LINE 5

	·, · / ···							
SAND DOLLA 10,0		NDATION 22,800	100	55,000	60,000	147,900	52,771	95,129
MNRCP	0	0	0	0	245,000	245,000	52,771	192,229
CHARLIE AN	D ELI 0	ZA LEE 3,550	2,040	5,000	48,300	58,890	52,771	6,119
DOUGLAS & 1,0		WILLIAMS 1,000	1,000	1,000	53,576	57,576	52,771	4,805
TOWN OF SC 4,0	ARBOR 00	OUGH 4,000	4,000	4,000	204,000	220,000	52,771	167,229
CAMALOTTE 10,0		ATION 25,000	25,000	0	28,750	88,750	52,771	35,979
ESTATE OF 1 483,8		RICK EMERSC 85,400	ON O	0	0	569,287	52,771	516,516
518,8	87	153,750	92,140	125,000	739,626	1,629,403	422,168	1207235