ROWLEY & ASSOCIATES, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

46 N STATE STREET CONCORD, NEW HAMPSHIRE 03301 TELEPHONE (603) 228-5400 FAX # (603) 226-3532

MEMBER OF THE PRIVATE COMPANIES PRACTICE SECTION

LOON ECHO LAND TRUST INC. INSTRUCTIONS FOR FILING FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX – 2021

*********	***********************
FILED:	The return was Electronically Filed on November 10, 2022
TAX DUE:	None.
SPECIAL INSTRUCTIONS:	None.

November 11, 2022

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Α	For the	e 2021 ca	lendar year, or tax year beginning		, and e	nding				
В	Check if	applicable:	C Name of organization Loon Echo La	and Trust Inc.			D Employe	er identification	number	
	Address	change	Doing business as							
\equiv		-	Number and street (or P.O. box if mail is no	t delivered to street address)	Room/suite		22-296692	24		
Ш	Name ch	ange	8 Depot Street, Suite 4			Î	E Telephor	ne number		
	Initial retu	urn	City or town	State	ZIP code		207 647 4	252		
一	Circul autom	. /t ' tl	Bridgton	ME	04009	-	207-647-4	332		
브	Finai returr	n/terminated	Foreign country name Foreign	province/state/county	Foreign postal	code				
\sqsubseteq	Amended	d return					G Gross re	ceipts \$		910,375
Ш	Application	on pending	F Name and address of principal officer:			H(a) Is th	is a group returr	for subordinates?	Yes	X No
			Robert Gowdy 43 Old Elm Street, No	orth Bridgton, ME 04057	7	H(b) Are	all subordina	tes included?	Yes	No
$\overline{}$	Tax-exe	mpt status:	X 501(c)(3) 501(c) ()	■ (insert no.) 4947(a)(1)	or 527	If "	No," attach a	list. See instruct	ions	
J			w.loonecholandtrust.org	(, 6 62.	H(c) Gro	oup exemption	number ►		
ĸ	Form of	organization	: X Corporation Trust Associ	ation Other ▶	L Yea	ar of forma	ation: 1987	M State of	legal domicile	: ME
_	Part I		mmary				1307		<u> </u>	IVIL
	1		escribe the organization's mission or	most significant activitie	s: Loon	Fcho I	and Trust	protects lan	d in the	
9			Sebago Lake region to conserve its				una maot	protocto larr		
Governance		generati			ilaraoto (or r)				
E.								· · · · ·		
ĕ	2		nis box ▶ if the organization dis			of more	than 25%	1 1	sets.	
Ö	3		of voting members of the governing					3		12
oō vo	4	Number	of independent voting members of th	e governing body (Part	VI, line 1b).			4		12
Ë	5	Total nu	mber of individuals employed in cale	ndar year 2021 (Part V,	line 2a) . .			5		6
Activities &	6		mber of volunteers (estimate if neces					6		131
Aci	7a		related business revenue from Part V					7a		0
-	b		elated business taxable income from					7b		
		140t unit	nated business taxable income from	1 01111 000-1, 1 4111, 11110		· · ·	Prior Year	170	Current Yea	r
		Contribu	utions and grants (Dort VIII, line 1h)					10 552		
Revenue	8	Duanan	utions and grants (Part VIII, line 1h).				02	10,553		574,259
e L	9	9 Program service revenue (Part VIII, line 2g)								0
è	10		ent income (Part VIII, column (A), line					26,449	1	160,010
	11		venue (Part VIII, column (A), lines 5,					11,199		40,713
	12	Total rev	enue—add lines 8 through 11 (must equ	ual Part VIII, column (A), li	ne 12)		70	08,201	7	774,982
	13	Grants a	and similar amounts paid (Part IX, col	umn (A), lines 1-3)				0		0
	14	Benefits	paid to or for members (Part IX, colu	mn (A), line 4)				0		0
က္	15	Salaries.	other compensation, employee benefits	(Part IX, column (A), line	s 5–10) . .		21	13,780	2	274,510
Expenses	16a		onal fundraising fees (Part IX, column					0		0
e.	b		ndraising expenses (Part IX, column (•
Ä	17		openses (Part IX, column (A), lines 11				25	54,204	-	193,232
	18		penses. Add lines 13–17 (must equal	-				67,984		167,742
	ຸ 19 _ຄ	Revenu	e less expenses. Subtract line 18 from	nine iz		Danina		10,217		307,240 -
Net Assets or	2	-	(,	Бедіпп	ing of Currer		End of Yea	
SSe	20							08,759	9,8	999,514
et A	21							37,255		0
			ets or fund balances. Subtract line 21	from line 20			9,57	71,504	9,9	999,514
	art II		nature Block							
	•		y, I declare that I have examined this return, incl	0 , , 0			,	•		
and	belief, it	is true, corre	ct, and complete. Declaration of preparer (other	than officer) is based on all info	ormation of which	n preparer	has any knov	vledge.		
Si	gn									
	ere		Signature of officer				Date			
110			Robert Gowdy		Trea	surer				
			Type or print name and title							
		Prin	t/Type preparer's name	Preparer's signature		Date			PTIN	
Pa	iid							Check if		
	epare	r Eric	Rowley, CPA			11/	/9/2022	self-employed	P0058170)()
	se Only		's name ► Rowley & Associates, PC	<u>; </u>			Firm's EIN	02-052261	9	
53		,	's address ▶ 46 N. State Street, Conc		·		Phone no.	(603) 228-		
N 4 -	+le = !F							(555) 220	T. T	<u> </u>
IVI	iy the IF	20 aiscus	s this return with the preparer shown	above? See instructions	8				X Yes	No

Form 9	90 (2021)	Loon Echo Land Trust Inc.		22-2966924	Page 2
Pa	rt III	Statement of Program Serv Check if Schedule O contain	rice Accomplishments s a response or note to any line in this F	Part III............	
1	Loon Ed	lescribe the organization's mission:	northern Sebago Lake region to conserve its		
2	the prior		ant program services during the year which we have a services during the year which we have been services during the year which we have been services during the year which we have been services during the year which we	ere not listed on Yes	X No
3	services		nake significant changes in how it conducts, a	nny program Yes	X No
4	Describe expense	e the organization's program service	e accomplishments for each of its three larges organizations are required to report the amou		
4a	easeme	ement & maintenance of parcels of la ents. Ongoing efforts to identify land)
4b	(Code: Expense		77,465 including grants of \$ tewardship of land for preservation.) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	

Other program services (Describe on Schedule O.)

(Expenses \$

4e

Total program service expenses

0 including grants of \$

297,164

0)

0)(Revenue \$

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
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)	H		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
_		4		_^
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues.	_		١.,
	assessments, or similar amounts as defined in Rev. Proc. 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? If "Yes,"			
Ū	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			١.,
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Χ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D. Part VI	11a	Χ	
h	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more		,	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		<u> </u>
C		44.		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Χ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
_	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	ı+a		F
b				1
	fundraising, business, investment, and program service activities outside the United States, or aggregate	ا ا		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
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
40		10		F
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a	\vdash	Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	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 1	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		^
	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? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	21		Ĥ
20	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Χ
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part I</i> .	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	•		
	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? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
Ŋ	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	000		T
	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? If "Yes," complete Schedule R, Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			닏
1-	Enter the number reported in box 3 of Form 1006. Enter 0, if not applicable.		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	10	Х	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	O.		
7	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		Ĥ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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 donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
400	against amounts due or received from them.)	42-		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? <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		Χ
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
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		L
	If "Yes " complete Form 6069			

Form 990 (2021) Loon Echo Land Trust Inc. 22-2966924

Part VI

Sect	ion A. Governing Body and Management	1		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
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		X
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		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6	Χ	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Χ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Χ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Χ
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Χ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Χ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13		Χ
14	Did the organization have a written document retention and destruction policy?	14	Χ	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	Χ	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a				
_	with a taxable entity during the year?	16a		X
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	4.5.		
0 = 1	the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed ME Section 6104 requires an examination to make its Forms 1022 (1024 or 1024 A. if applicable), 900, and 900 T (coetion 6	:04/-\		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	ou I (C)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
10	X Own website Another's website X Upon request Other (explain on Schedule O)	iov		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol and financial statements available to the public during the tax year.	ıcy,		
20	State the name, address, and telephone number of the person who possesses the organization's books and records	_		
20	M ((M)) (F) (P) ()			
	Matt Markot, Executive Director 207-647-4352 8 Depot Street, Bridgton, ME 04009			

Form 990 (2021)	Loon Echo Land Trust Inc.	22-2966924	Page 7
-----------------	---------------------------	------------	---------------

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any	/ related organiz	ation	con	npei	nsat	ted an	у с	urrent officer, di	rector, or trustee	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos neck ss pe	rson	e than o is both pr/truste employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Matthew Markot	40.00									
Exceutive Director	0.00			Х				57,165		
(2) Richard Lemieux	3.00									
President	0.00	Х		Х						
(3) Sheila Bourque	3.00									
Vice President	0.00	Х		Х						
(4) Robert Gowey	3.00									
Treasurer	0.00	Χ		Х						
(5) Quincy Van Winkle	3.00									
Secretary	0.00	Χ		Х						
(6) Sven Cole	1.00									
Director	0.00	Χ								
(7) Connie Cross	1.00									
Director	0.00	Χ								
(8) Eric Dibner	1.00	4								
Director	0.00	Χ								
(9) Steven Mortimer	1.00	1								
Director	0.00	Χ								
(10) Melissa Rock	1.00									
Director	0.00	Χ								
(11) Carol Sudduth	1.00									
Director	0.00	Χ								
(12) Alanna Yannelli	1.00									
Director	0.00	Х								
(13) Goeff Homer	1.00	_								
Director	0.00	Χ								
(14)										

Total (add lines 1b and 1c).	Form 9	990 (2021)		ho Land Trus										22-296		Page 8
(15) (15) (16) (17) (18) (20) (21) (22) (22) (23) (24) (24) (25) (26) (27) (27) (27) (28) (29) (29) (20) (20) (20) (21) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (20) (20) (20) (21) (21) (22) (22) (23) (24) (25) (26) (27) (27) (28) (28) (29) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (27) (27) (28) (28) (29) (29) (29) (20)	Pa	art VII	Section A. C	Officers, Direc	ctors, Tru	stees, Key Em	ploye	es,	and	jH t	ghes	t C	ompensated Em	ployees (contin	nued)	
(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (21) (21) (22) (23) (24) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (26) (27) (27) (28) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20				tle		Average hours per week (list any hours for related organizations below	box, offic	unles er an	Pos neck ss pe d a d	ition more rson irecto	is both	an ee)	Reportable compensation from the organization (W-2/ 1099-MISC/	Reportable compensation from related organizations (W-2, 1099-MISC/	Estimate of c compe fror organiz	ed amount other ensation n the ation and
(17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (28) (29) (29) (29) (20) (21) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (21) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (26) (27) (27) (27) (28) (29) (29) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (26) (27) (27) (27) (28) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (27) (27) (27) (27) (28) (29) (29) (20) (20) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (27) (27) (27) (27) (27) (27) (27) (27	(15)													7		
(29) (21) (22) (23) (24) (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A b 57,165 c Total from continuation sheets to Part VII, Section A c Total add lines 1b and 1c) 7 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization of reportable compensation from the organization spreads to sheet the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a is the sum of reportable compensation from the organization of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 X Section B. Independent Contractors 1 Complete this table forayouf five highest compensated independent contractors that received more than \$10,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year, (A) (B) (C) (Compensation of services Compensation of independent contractors (including but not limited to those listed above) who received	(16)						-									
(20) (21) (22) (23) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(17)															
(21) (22) (23) (24) (25)	(18)						-									
(22) (23) (24) (25) (25) (25) (26) (27) (27) (28) (29)	(19)						-									
(23) (24) (25) (26) (27) (28) (28) (29) (29) (29) (20) (20) (20) (21) (25) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (21) (25) (27) (28) (29) (29) (20) (20) (20) (20) (21) (21) (25) (27) (28) (29) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (27) (28) (29) (20) (20) (20) (20) (20) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (26) (27) (27) (28) (29) (20)	(20)												D			
(24) (25) (26) (27) (28) (28) (29) (29) (29) (20) (20) (20) (21) (25) (21) (25) (27) (28) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (20) (20) (20) (21) (21) (21) (22) (23) (24) (24) (25) (26) (27) (27) (28) (29) (20) (20) (20) (21) (21) (22) (23) (24) (24) (25) (26) (27) (26) (27) (27) (28) (29) (20) (20) (20) (21) (21) (25) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (26) (27) (27) (28) (29) (20)	(21)						-	1								
(24) (25) 1b Subtotal	(22)						,									
Subtotal	(23)															
1b Subtotal	(24)															
c Total from continuation sheets to Part VII, Section A.	(25)															
c Total from continuation sheets to Part VII, Section A.	1b	Subtotal						<u> </u>				•	57.165	0		0
reportable compensation from the organization Yes No	-	Total from	n continuatio	n sheets to P	art VII, Se						 	>	0		_	0
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2						sted a	abov	e) v	vho	recei	ved	I more than \$100),000 of	T	0
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3															
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4	the organiz	zation and rela	ated organiza		ter than \$150,0	00? <i>l</i> i	f "Ye	es,"	com	plete	Sc	chedule J for suc		4	X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Description of services Compensation	5	Did any pe	erson listed on	line 1a receiv		ue compensatio	n froi	m ar	ıy u	nrel	ated	org	anization or indiv	ridual	5	
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation Compensation Compensation Compensation Compensation Compensation	Sect			_		,										<u> </u>
Name and business address Description of services Compensation	1														tax year	
Total number of independent contractors (including but not limited to those listed above) who received					(A)	•							(B)		(C)	
Total number of independent contractors (including but not limited to those listed above) who received																0
Total number of independent contractors (including but not limited to those listed above) who received																0
Total number of independent contractors (including but not limited to those listed above) who received																0
Total number of independent contractors (including but not limited to those listed above) who received																
	2		•		•	•		tho	se l	iste	d abo	ve)	who received			

Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line in	this Part VIII			🔲
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
(0	1a	Federated campaigns 1a	0				
ints nts	b	Membership dues	136,742				
Gra	C	Fundraising events	5,300				
S, (Am	_	Related organizations	0,500				
3ift ar,	d		Ŭ				
s, (mil	е	Government grants (contributions) 1e	88,505				
Contributions, Gifts, Grants and Other Similar Amounts	f	, 5 , 5 ,					
outi		similar amounts not included above 1f	343,712				
trik Otl	g	Noncash contributions included in					
on		lines 1a–1f	\$ 0				
O B	h	Total. Add lines 1a–1f		574,259			
			Business Code				
ce	2a			0			
Σ	b			0			
Sei	С			0			
m (d			0			
ıraı Re	u			0			
Program Service Revenue	e	All the second s					
P	T	All other program service revenue		0			
	g	Total. Add lines 2a–2f		0			
	3	Investment income (including dividends, interest					
		other similar amounts)		35,319			35,319
	4	Income from investment of tax-exempt bond pro		0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 31,442					
	b	Less: rental expenses . 6b					
	С	Rental income or (loss) 6c 31,442	0				
	d	Net rental income or (loss)		31,442			31,442
	7a		(ii) Other	01,112			01,112
	٠. ۵	sales of assets					
			0				
ø			0				
Revenue	b	Less: cost or other basis					
Vel		and sales expenses 7b 133,518					
Re	С	Gain or (loss) 7c 124,691	•				
er	d			124,691			124,691
Oth	8a	Gross income from fundraising					
0		events (not including \$ 5,300					
		of contributions reported on line 1c).					
		See Part IV, line 18 8a	9,645				
	b	Less: direct expenses 8b	1,875				
	С	Net income or (loss) from fundraising events		7,770			
	9a	Gross income from gaming activities.		·			
		See Part IV, line 19 9a	0				
	h	Less: direct expenses 9b	0				
	•	Net income or (loss) from gaming activities		0			
	C	, , ,		U			
	10a	Gross sales of inventory, less					
		returns and allowances	0				
		Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory		0			
IS			Business Code				
e jo	11a	Miscellaneous Income	900099	1,501	1,501		
scellaneo Revenue	b			0			
elle eve	С			0			
Miscellaneous Revenue	d	All other revenue		0			
Ξ	e	Total. Add lines 11a–11d		1,501			
	12	Total revenue. See instructions		774,982	1,501	0	191,452
				117,002	1,001		101,-102

Statement of Functional Expenses

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 Pa	art IX		
	not include amounts reported on lines 6b, 7b, 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				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	57,164	28,584	14,290	14,290
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	164,280	82,140	41,070	41,070
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	9,228	4,614	2,307	2,307
9	Other employee benefits	24,867	12,433	6,217	6,217
10	Payroll taxes	18,971	9,485	4,743	4,743
11	Fees for services (nonemployees):				
а	Management	21,489	21,489		
b	Legal	0			
С	Accounting	9,996		9,996	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	2,345	385	1,960	
12	Advertising and promotion	3,250	3,250		
13	Office expenses	7,340	3,670	1,835	1,835
14	Information technology	0			
15	Royalties	0			
16	Occupancy	15,600	7,800	3,900	3,900
17	Travel	1,261	631	315	315
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,755	1,377	689	689
23	Insurance	13,177	6,589	3,294	3,294
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.)				
а	Special project expenses	77,465	77,465		
b	Annual Fund & Membership Expenses	11,143			
C	Land Stewardship	392	392		
d	Property Taxes	24,420	24,420	_	
е	All other expenses Miscellaneous	2,599	1,297	651	651
25	Total functional expenses. Add lines 1 through 24e	467,742	297,164	91,267	79,311
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)				

22-2966924

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	102,375	1	79,495
	2	Savings and temporary cash investments	451,566	2	509,536
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		A	
		controlled entity or family member of any of these persons	0	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)	0	6	
ţs	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	
Ä	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 7,633,534			
	b	Less: accumulated depreciation	7,588,673	10c	7,624,918
	11	Investments—publicly traded securities	1,466,145	11	1,785,565
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	9,608,759	16	9,999,514
	17	Accounts payable and accrued expenses	0	17	, ,
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ğ		controlled entity or family member of any of these persons	0	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	37,255	25	0
	26	Total liabilities. Add lines 17 through 25	37,255	26	0
Ś		Organizations that follow FASB ASC 958, check here ► X			
ည		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	1,292,365	27	1,551,026
ñ	28	Net assets with donor restrictions	8,279,139	28	8,448,488
pu		Organizations that do not follow FASB ASC 958, check here ▶	0,210,100		0,110,100
교		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	0	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
SS	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
Net Assets or Fund Balances	32	Total net assets or fund balances	9,571,504	32	9,999,514
Š	33	Total liabilities and net assets/fund balances	9,608,759	33	9,999,514
		rotal habilitios and not associs/fulla balances	9,000,739	00	9,999,514

Form **990** (2021)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

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

Inspection

Name of the organization				Employer identification	number
Loon Echo Land Trust Inc.					66924
Part I Reason for Public Charity Status. (All o					
The organization is not a private foundation because it is: (I A church, convention of churches, or association of	9			,	
			170(0)(1)	(A)(I).	
A school described in section 170(b)(1)(A)(ii). (At	•	, ,	- \		
A hospital or a cooperative hospital service organi		•	, , , , , , ,		
A medical research organization operated in conjuntospital's name, city, and state:	inction with a hospital d	escribed	ın section	1/0(b)(1)(A)(III). En	iter the
5 An organization operated for the benefit of a college	go or university ewned	or operate	d by a go	vernmental unit desc	orihad in
section 170(b)(1)(A)(iv). (Complete Part II.)					Jibed III
6 A federal, state, or local government or governme					
7 X An organization that normally receives a substantidescribed in section 170(b)(1)(A)(vi). (Complete		m a gove	rnmental ι	unit or from the gene	ral public
8 A community trust described in section 170(b)(1)((A)(vi). (Complete Part	II.)			
9 An agricultural research organization described in or university or a non-land-grant college of agricul university:					
An organization that normally receives (1) more the receipts from activities related to its exempt function support from gross investment income and unrelated acquired by the organization after June 30, 1975.	ons, subject to certain e ted business taxable in	exceptions come (les	s; and (2) r s section (no more than 33 1/3° 511 tax) from busine	% of its
11 An organization organized and operated exclusive	ely to test for public safe	ty. See s e	ection 509	9(a)(4).	
An organization organized and operated exclusive of one or more publicly supported organizations do Check the box on lines 12a through 12d that described in the control of	escribed in section 509	(a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3).
a Type I. A supporting organization operated, supported organization(s) the power to regular organization. You must complete Part IV, Sec	ularly appoint or elect a				
b Type II. A supporting organization supervised control or management of the supporting organization(s). You must complete Part IV, S	nization vested in the sa				
c Type III functionally integrated. A supporting its supported organization(s) (see instructions).					rated with,
d Type III non-functionally integrated. A suppo that is not functionally integrated. The organiza requirement (see instructions). You must com	tion generally must sati	sfy a distr	ibution red	quirement and an att	
e Check this box if the organization received a w	ritten determination fror	n the IRS	that it is a	Type I, Type II, Typ	e III
functionally integrated, or Type III non-function		ng organiz	ation.		
f Enter the number of supported organizations					0
g Provide the following information about the suppor (i) Name of supported organization (ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Amount of monetary	(vi) Amount of
	(described on lines 1–10 above (see instructions))	listed in you	ur governing ment?	support (see instructions)	other support (see instructions)
		Yes	No		
(A)		103	No		
(B)					
(C)					
(D)					
(E)					
Total				Λ.	l o

Schedule A (Form 990) 2021 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	617,010	441,146	1,666,754	640,553	574,259	3,939,722
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3	617,010	441,146	1,666,754	640,553	574,259	3,939,722
	shown on line 11, column (f)						55,605
6	Public support. Subtract line 5 from line 4						3,884,117
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	617,010	441,146	1,666,754	640,553	574,259	3,939,722
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	19,693	26,558	30,151	32,376	35,319	144,097
9	Net income from unrelated business activities, whether or not the business is regularly carried on	*	C				0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	27,038	27,494	10,905	2,083	1,501	69,021
11	Total support. Add lines 7 through 10					10	4,152,840
12	Gross receipts from related activities, etc. (se					12	
13	First 5 years. If the Form 990 is for the orga			-			. □
	organization, check this box and stop here						
	ction C. Computation of Public Sur						22.50%
14	Public support percentage for 2021 (line 6, co					14 15	93.53%
15	Public support percentage from 2020 Schedu 33 1/3% support test—2021. If the organization					_	92.05%
168	and stop here . The organization qualifies as						▶ X
b	33 1/3% support test—2020. If the organization		•				
	box and stop here . The organization qualified	s as a publicly sup	oported organizatio	n			▶
17a	10%-facts-and-circumstances test—2021 10% or more, and if the organization meets t Part VI how the organization meets the facts organization.	he facts-and-circul -and-circumstance	mstances test, che s test. The organiz	ck this box and sto ation qualifies as a	op here. Explain in a publicly supported	i	> [
b	10%-facts-and-circumstances test—2020 15 is 10% or more, and if the organization me in Part VI how the organization meets the fac organization	eets the facts-and- ts-and-circumstan	circumstances tes ces test. The orga	t, check this box ar nization qualifies a	nd stop here . Expl s a publicly suppor	ain ted	> _
18	Private foundation. If the organization did n	ot check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions						▶□

Page 2

Part III Support Schedule for Organizations Described in Section 509(a)(2)

Schedule A (Form 990) 2021

(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.)

Sec	ction A. Public Support	<u></u>		, p			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees	, ,	, ,	, ,	, ,	, ,	
	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						_
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						_
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						0
	received from disqualified persons						0
D	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
_	Add lines 7a and 7b	0	• 0	0	0	0	0
8	Public support (Subtract line 7c from	J			J	Ü	
•	line 6.)						0
Sec	tion B. Total Support				•		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	*					_
	payments received on securities loans, rents,	•					
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less	4					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						•
40	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						^
13	(Explain in Part VI.)						0
13	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the orga	•				U	<u> </u>
• •	organization, check this box and stop here .			· ·	. , , ,		▶□
Sec	ction C. Computation of Public Sup						
15	Public support percentage for 2021 (line 8, c	•		(f))		15	0.00%
16	Public support percentage from 2020 Sched	* *	•			16	0.00%
Sec	tion D. Computation of Investmen					•	
17	Investment income percentage for 2021 (line	e 10c, column (f), d	ivided by line 13, c	column (f))		17	0.00%
18	Investment income percentage from 2020 Sc	chedule A, Part III,	line 17			18	0.00%
19a	33 1/3% support tests—2021. If the organi						
	not more than 33 1/3%, check this box and s	-			-		▶ 🔝
b	33 1/3% support tests—2020. If the organi						⊾ □
20	line 18 is not more than 33 1/3%, check this	-	=				=
20	Private foundation. If the organization did r	iot check a box on	iiile 14, 19a, or 19	D, CHECK THIS DOX A	and see mstructions		

Page 3

Schedule A (Form 990) 2021 Loon Echo Land Trust Inc. 22-2966924 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

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
16		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Schedu	ale A (Form 990) 2021 Loon Echo Land Trust Inc.	22-2966924	Р	age 5
Part	IV Supporting Organizations (continued)		1	l
44	Line the annual ration accorded a wift on contribution from any of the fallowing manager 2		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b a	and		
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11a	_	
C	A 35% controlled entity of a person described on line 11a or 11b above? <i>If</i> "Yes" to line 11a, 11b, or 11c,			
	detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations	•	•	
		_	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of c			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or			
	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 s	· ·		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated am			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	lort		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in P VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	art		
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			<u> </u>
	ggg		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the director	ors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how contr			
	or management of the supporting organization was vested in the same persons that controlled or manage	∍d		
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations		1	ı
		_	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the	•		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies organization's governing documents in effect on the date of notification, to the extent not previously provide			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the suppor			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part			
	the organization maintained a close and continuous working relationship with the supported organization			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations h			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion 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	ear (see instruction	ıs).	
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental	ental entity (see instruc	tions).	
2	Activities Test. Answer lines 2a and 2b below.	• •	-	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes	e of	163	NO
u	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 purpos			
	how the organization was responsive to those supported organizations, and how the organization determ			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvem	ent,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," expla			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged	in		
	these activities but for the organization's involvement.	2b	\perp	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities	ot each		

of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

 Schedule A (Form 990) 2021
 Loon Echo Land Trust Inc.
 22-2966924
 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	j trus	st on Nov. 20, 1970 <i>(explain</i>	in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Sections	s A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5	A	
6 Portion of operating expenses paid or incurred for production or collection of			
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	7	
d Total (add lines 1a, 1b, and 1c)	1d	0	0
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	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functionally	y inte	egrated Type III supporting	organization (see

instructions).

Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 **7 Total annual distributions.** Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. **9** Distributable amount for 2021 from Section C, line 6 9 0 **10** Line 8 amount divided by line 9 amount 10 0.000 (ii) (iii) Section E - Distribution Allocations (see instructions) Underdistributions Distributable **Excess Distributions** Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 0 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 **a** From 2016 0 **b** From 2017. 0 **c** From 2018. From 2019. 0 e From 2020. **Total** of lines 3a through 3e **g** Applied to underdistributions of prior years Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years 0 **b** Applied to 2021 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2017. 0 0 **b** Excess from 2018. 0 c Excess from 2019.

0

0

d Excess from 2020

e Excess from 2021

Schedule A (F	orm 990) 2021	Loon Echo Land Trust Inc.	2	2-2966924	Page 8
Part VI	Supplemental Inform	ation. Provide the explanations required by Part II, line 10); Part II, line 17a or 1	7b; Part	

	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
art II Se	ection B Line 10 Misc income
	Α

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name	of the organization		Employer identifica	ation number
Loon	Echo Land Trust Inc.		2	2-2966924
Par				
		(a) Donor advised funds	(b) Fund	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor			
	funds are the organization's property, subject to			. Yes No
6	Did the organization inform all grantees, donors			d
	only for charitable purposes and not for the ber		y other purpose	
	conferring impermissible private benefit?			Yes No
Par				
	Complete if the organization answere			
1	Purpose(s) of conservation easements held by			
	X Preservation of land for public use (for examp			•
	X Protection of natural habitat	X Preservatio	n of a certified hi	storic structure
	X Preservation of open space			
2	Complete lines 2a through 2d if the organizatio	n held a qualified conservation contribution		
	easement on the last day of the tax year.		H	Held at the End of the Tax Year
a	Total number of conservation easements		<u>2a</u>	21
b	Total acreage restricted by conservation easen			2,595.47
C C	Number of conservation easements on a certifical Number of conservation easements included in		2c	1
d	historic structure listed in the National Register		2d	0
3	Number of conservation easements modified, t			
	the tax year	and the same of th		-
4	Number of states where property subject to cor	servation easement is located	1	
5	Does the organization have a written policy reg		handling of	-
	violations, and enforcement of the conservation	easements it holds?		X Yes No
6	Staff and volunteer hours devoted to monitoring, ins	pecting, handling of violations, and enforcing c	onservation easem	nents during the year
	318.00			
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing conse	rvation easements	during the year
•	\$ 7,368	line O(1) above a district the manning manner of		() (D) (:)
8	Does each conservation easement reported on		section 170(n)(2	
9	and section 170(h)(4)(B)(ii)?	rts conservation assembnts in its revenue	and expense sta	Yes No
9	balance sheet, and include, if applicable, the te		•	
	organization's accounting for conservation ease		iolai statements	that accombes the
Par			Other Similar	Assets.
	Complete if the organization answere			
1a	If the organization elected, as permitted under		statement and b	palance sheet
	works of art, historical treasures, or other similar	ar assets held for public exhibition, education	on, or research in	furtherance of
	public service, provide in Part XIII the text of the	e footnote to its financial statements that de	escribes these ite	ems.
b	If the organization elected, as permitted under	FASB ASC 958, to report in its revenue sta	tement and bala	nce sheet
	works of art, historical treasures, or other similar		on, or research in	furtherance of
	public service, provide the following amounts re	elating to these items:		
	(i) Revenue included on Form 990, Part VIII, lin	ne 1		\$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art		s for financial ga	in, provide the
	following amounts required to be reported under			Φ
a	Revenue included on Form 990, Part VIII, line			
b	Assets included in Form 990, Part X		🕨	\$

Part	Organizations Maintaining 0	Collections of Ar	t, Histoi	rical Trea	asures, or	Other	Similar Assets	(conti	nued)	
3	Using the organization's acquisition, accollection items (check all that apply):									
а	Public exhibition		d	Loan or	exchange pro	ogram				
b	Scholarly research		e	Other		_				
		_	<u> </u>	Outer						
C	Preservation for future generation		avalaia b	ou thou fu	unthan tha annu	oni-otic	an'a avament numa	aa in Da		
4	Provide a description of the organization XIII.	on's collections and	explain n	ow they tu	irther the orga	anızaud	on's exempt purpo	ise in Pa	art	
5	During the year, did the organization s	olicit or receive dona	ations of a	art, historio	cal treasures,	or oth	er similar			_
	assets to be sold to raise funds rather	than to be maintaine	ed as part	t of the org	ganization's c	ollectio	on?	Ye	es	No
Part	Complete if the organization a 990, Part X, line 21.		n Form 9	990, Part	IV, line 9, c	or repo	orted an amount	on Fo	m	
1a	Is the organization an agent, trustee, concluded on Form 990, Part X?			-		her as	sets not] Na
b	If "Yes," explain the arrangement in Pa						. •	Ye	, 5	No
D	ii res, explain the arrangement iirra	art Am and complete	the follow	wing table				mount		
С	Beginning balance					10		unount		0
d	Additions during the year					10				
е	Distributions during the year					10	е			
f	Ending balance					1:	f			0
2a	Did the organization include an amoun	it on Form 990, Part	X, line 2	1, for escr	ow or custodi	al acco	ount liability?	Ye	es	No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here i	if the expl	anation ha	as been provi	ded on	Part XIII	-		
Part	V Endowment Funds.		•							_
	Complete if the organization a	answered "Yes" o	n Form 9	990, Part	IV, line 10.					
	· · · · · · · · · · · · · · · · · · ·	(a) Current year		or year	(c) Two years	back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance	1,917,711	1	1,546,214	1,27	7,951	1,137,39	3	98	33,718
b	Contributions	158,590		277,338	11	6,238	223,462	2	ξ	99,216
С	Net investment earnings, gains, and losses	293,178	7	154,567	20	2,743	-42,692	2	8	35,820
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	61,980		49,077	4	0,999	31,783	3	2	24,362
f	Administrative expenses	12,398		11,331		9,719	8,429			6,999
g	End of year balance	2,295,101		1,917,711		6,214	1,277,95	1	1,13	37,393
2	Provide the estimated percentage of the			line 1g, co	olumn (a)) hel	d as:				
a	Board designated or quasi-endowmen Permanent endowment		5%							
b c		17% 3%								
C	The percentages on lines 2a, 2b, and 2	A	1%							
3a	Are there endowment funds not in the			n that are	held and adr	niniste	red for the			
	organization by:	'	3						Yes	No
	(i) Unrelated organizations							3a(i)		Χ
	(ii) Related organizations							3a(ii)		Χ
b	If "Yes" on line 3a(ii), are the related of	rganizations listed a	s required	d on Sche	dule R?			3b		
4	Describe in Part XIII the intended uses		's endowr	ment funds	S.					
Part	, , ,		_							
	Complete if the organization a	answered "Yes" o	n Form 9	990, Part	IV, line 11a	ı. See	Form 990, Part	X, line	10.	
	Description of property	(a) Cost or oth (investment)		٠,,	or other basis other)	٠,	Accumulated depreciation	(d) B	ook valu	е
1a	Land		0	,	7,619,759				7,61	19,759
b	Buildings		0		0		0		, -	0
С	Leasehold improvements		0		0		0			0
d	Equipment		0		13,775		8,616			5,159
<u>e</u>	Other	•	0		0		0			0
Total	. Add lines 1a through 1e. (Column (d) I	nust equal Form 99	0, Part X,	column (E	B), line 10c.) .		•		7,62	24,918

Part VII Investments—Other Securities.			
Complete if the organization answered	d "Yes" on Form 990, I	Part IV, line 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives	0		
(2) Closely held equity interests	0		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) .	▶ 0		
Part VIII Investments—Program Related.			
Complete if the organization answered	d "Yes" on Form 990, I	Part IV, line 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation:	
		Cost or end-of-year market value	
_ (1)			
(2)			
(3)			
(4)		*	
(5)			
(6)			
		<u> </u>	
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . Part IX Other Assets.	<u> </u>		
·	d "Vas" on Form 000 I	Dort IV line 11d Coe Form 000 Dort V line 15	
	scription	Part IV, line 11d. See Form 990, Part X, line 15.	
	scription	(b) Book value	
<u>(1)</u>			
(2)			
(3)			
(4)			_
(5) (6)			
(7)			_
(8)			
(9)			_
Total. (Column (b) must equal Form 990, Part X, col. (B)) line 15.)		(
Part X Other Liabilities.			
	d "Yes" on Form 990 F	Part IV, line 11e or 11f. See Form 990, Part X,	
line 25.	a 100 on 101111000, 1	1 41177, 1110 1 10 01 1 111 000 1 0111 000, 1 41173,	
	ription of liability	(b) Book value	
(1) Federal income taxes		,	(
(2) SBA PPP Loan			
(3)			_
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)) line 25.)		_

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

Χ

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.	
1	Total revenue, gains, and other support per audited financial statements	1	895,752
	· · · · · · · · · · · · · · · · · · ·	'	090,702
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	60	
a	Net unrealized gains (losses) on investments	00	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		400 400
е	Add lines 2a through 2d	2e	133,168
3	Subtract line 2e from line 1	3	762,584
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	20	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 12,3	98	
b	Other (Describe in Part XIII.)		40.000
	Add lines 4a and 4b	4c	12,398
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	774,982
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er Keturn.	
1	Total expenses and losses per audited financial statements	1	467,742
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	107,7 12
– a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
e	Add lines 2a through 2d	2e	0
3	Other (Describe in Part XIII.)	3	467,742
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	407,742
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a	Other (Describe in Part XIII.)		
b		40	0
		4c 5	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	_ J	467,742
		Dort V. line 4.	Dort V line
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F		Part X, line
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor	mation.	
Part I	Line 9 Conservation easements are recorded at cost if purchased. Once the easement		
has b	een acquired the value of the asset is written down to a value of \$1 on the Statement		
of Fin	ancial Position with a corresponding entry to Program Service costs. Donated		
	X \		
easer	nents are not recorded as an asset, revenue or expense but a record of the transaction		
	()		
is ma	intained and the details of the transaction are reported in a footnote to the		
financ	sial statements.		
Part \	/ Line 4 The investment reserve funds were established to provide a source of		
contir	nued support for the mission of LELT. The investment reserve fund is invested in cash		
and in	nvestments.		
Dort \	(Line 2 The Organization has been notified by the Internal Payonus Service that it		
rail /	Cline 2 The Organization has been notified by the Internal Revenue Service that it		
ie avo	empt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code.		
is exe	impunom rederal income taxes under Section 30 ((c)(3) of the internal Revenue Code.		
The C	Organization is further classified as an organization that is not a private foundation		
undo	Section 509(a)(3) of the Code. The most significant tax positions of the		

Page 4

Schedule D (Form 990) 2021 Loon Echo Land Trust Inc. 22-2966924 Page 5
--

Part XIII Supplemental Information (continued)
Organization are its assertion that it is exempt from income taxes and its determination
of whether any amounts are subject to unrelated business tax (UBIT). The Organization
follows the guidance of Accounting Standards Codification (ASC) 740, Accounting for Income
Taxes, related to uncertain income taxes, which prescribes a threshold of more likely than
not for recognition and recognition of tax positions taken or expected to be taken in a
tax return. All significant tax positions have been considered by management. It has been
determined that it is more likely than not that all tax positions would be sustained upon
examination by taxing authorities. Accordingly, no provision for income taxes has been
recorded.
*.0

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

Loon Echo Land Trust Inc.	22-2966924
Form 990, Part VI, Section A, Line 6: The organization has members who vote at the annual	
meeting to elect directors.	
Form 990, Part VI, Section A, Line 7a: The organization has members who vote at the annual	13
meeting to elect directors.	
Form 990, Part VI, Section B, Line 11b: Form 990 is reviewed and approved by both the	
Treasurer and Executive Director prior to filing. the Treasurer and Executive Director also	/
present the details of the 990 to the Board of Directors. Form 990 is on file and available	
for review by all members of the Board of Directors and officers.	
Form 990, Part VI, Section B, Line 12c: Annual review and signing of policy. Policy considered	
when conducting business.	
Form 990, Part VI, Section B, Line 15a: The Executive Director's salary is reviewed by the	
Budget Committee and the Board of Directors annually.	
Form 990, Part VI, Section C, Line 19: Available upon request.	
X	
. 71	

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
Loon Echo Land Trust Inc.	22-2966924
	
·	
·	