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Department of the Treasury

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

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 Form 990 (2020)
 MAHOOSUC
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 Part IV
 Checklist of Required Schedules

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| 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 | Is the organization required to complete Schedule B, Schedule of Contributors See instructions? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</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? <i>If 'Yes,' complete Schedule C, Part III.</i> | 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? <i>If 'Yes,' complete Schedule D, Part II</i> | 7 | Х | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <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. | | | |
| а | 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? <i>If 'Yes,' complete Schedule D, Part VII</i> | 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? <i>If 'Yes,' complete Schedule D, Part VIII</i> | 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 |
| е | 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)? <i>If 'Yes,' complete Schedule D, Part X</i> | 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 | 12b | | 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 | | X |
| 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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i> | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), 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? <i>If 'Yes,' complete Schedule G, Part II</i> | 18 | | х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. | 19 | | х |
| 20a | Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i> | 20a | | X |
| b | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | | х |
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Page 3

 Form 990 (2020)
 MAHOOSUC
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 Part IV
 Checklist of Required Schedules (continued)

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| 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 | Yes | No 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 | | х |
| 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 |
| | b 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 | | |
| | d 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 |
| | b 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? <i>If 'Yes,' complete Schedule L, Part I</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 | | x |
| 27 | | 27 | | Х |
| | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| | a 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 |
| | b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV</i> | 28b | | Х |
| | c A 35% controlled entity of one or more individuals and/or organizations described in lines 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 | <u> </u> |
| 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? If 'Yes,' complete Schedule R, Part 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 |
| 35 | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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 |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| Pa | rt 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 |
| 1 | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a | | 162 | NO |
| | b Enter the number of Forms W-2G included in line 1a. 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? | 1 c | | (00000) |
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| | 1990 (2020) MAHOOSUC LAND TRUST INC 01-044761 |) | F | Page 5 |
|------|--|------|-----|--------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| • | Enter the number of employees reported on Ferre W/2. Trenemittel of Wess and Tey State | | | |
| 22 | a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 4 | | | |
| t | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | Х | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 32 | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| | p If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i> | 3b | | |
| | | 0.5 | | |
| 4 8 | 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 |
| | 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). | | | |
| 5 a | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | |
| | | 30 | | |
| 6 a | a 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 |
| | | Ua | | 21 |
| t |) If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 0.0 | | |
| | | | | |
| ā | 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 payor? | 7 a | | Х |
| | | - | | Λ |
| | b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | | Х |
| | I If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d | 70 | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | Х |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 t | | X |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 | 71 | | 21 |
| ç | as required? | 7 g | | |
| ŀ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | . 9 | | |
| • | Form 1098-C? | 7 h | | |
| 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. | | | |
| ā | a Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | | |
| Ł | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | Section 501(c)(12) organizations. Enter: | | | |
| | a Gross income from members or shareholders | | | |
| - | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| L | against amounts due or received from them.) | | | |
| 12 a | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12 a | | |
| Ł | 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. | | | |
| | Is the organization licensed to issue gualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| ł | 3 | | | |
| • | • 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 | | | |
| C | Enter the amount of reserves on hand | | | |
| 14 a | a Did the organization receive any payments for indoor tanning services during the tax year? | 14 a | | Х |
| ł | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O | 14b | | |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| .5 | excess parachute payment(s) during the year? | 15 | | Х |
| | If 'Yes,' see 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 |
| 10 | If 'Yes,' complete Form 4720, Schedule O. | | | |
| | | | | |

| 1; | a Enter the number of voting members of the governing body at the end of the tax year 1 a 16 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. | | | |
| I | b Enter the number of voting members included on line 1a, above, who are independent 1b | | | |
| 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 | 37 | Х |
| 6 7 a | Did the organization have members or stockholders?a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more | 6 | Х | |
| | members of the governing body?SeeSchedule . 0 | 7 a | Х | |
| I | Are any governance decisions of the organization reserved to (or subject to approval by) members, See Sch O 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: | | | |
| i | a The governing body? | 8 a | Х | |
| I | 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 | tion B. Policies (This Section B requests information about policies not required by the Internal Re | evenu | ie Co | ode.) |
| | | | Yes | No |
| | a Did the organization have local chapters, branches, or affiliates? | 10 a | | Х |
| I | 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 | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O | | | |
| | a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 | 12a | Х | |
| | 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 in Schedule O how this was done | 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? | | | |
| i | a The organization's CEO, Executive Director, or top management officialSee.Schedule.0 | 15a | Х | |
| I | o Other officers or key employees of the organization | 15b | | Х |
| | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16 | 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 |
| I | 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 | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► <u>NH</u> | | | |
| 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 or | ıly) |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | 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 ► | | | |
| | JOHN WHOLEY PO BOX 981 BETHEL ME 04217 207-824-3806 | | | |
| BAA | TEEA0106L 10/07/20 | Form | aan / | (2020) |

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

Section A. Governing Body and Management

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Х

No

Yes

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|--|---------------------------------|---------|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors | t Compensated Employe | 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 Compensa | ated Employees | |
| 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year. | g with or within the | |
| • List all of the organization's current officers, directors, trustees (whether individuals or organization compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. | tions), regardless of amount of | |

• List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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 | Pos thar is | s both | an o | ot che unles officer /truste | eck mo ss perso and a ee) | on | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other |
| | | per week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | relatéd organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| _(1) | KIRK_SIEGEL | 40 | | | | | | | | | |
| | EXECUTIVE DIRECTOR | 0 | | | | Х | | | 74,848. | 0. | 0. |
| _(2) | LARRY_ELY | | | | | | | | _ | | |
| | Director | 0 | Х | | | | | | 0. | 0. | 0. |
| (3) | SUSAN_DUNN | 0 | | | | | | | | | |
| (4) | Director | 0 | Х | | | | | | 0. | 0. | 0. |
| _(4)_ | AMY_HALSTEAD | | | | | | | | 0 | 0 | 0 |
| (5) | Director | 0 | Х | | | | | | 0. | 0. | 0. |
| (5) | JAMES REDDOCH, JR | | v | | | | | | 0 | 0 | 0 |
| (6) | Director | 0 | Х | | | | | | 0. | 0. | 0. |
| _(0) | MIKE HYMAN Director | 0 | х | | | | | | 0. | 0. | 0. |
| (7) | BONNIE POOLEY | 0 | Λ | | | | | | 0. | 0. | 0. |
| _(/)_ | Secretary | 0 | Х | | Х | | | | 0. | 0. | 0. |
| (8) | ELIZABETH PEACOCK | 0 | Λ | | Λ | | | | 0. | 0. | 0. |
| _(0)_ | Director | 0 | Х | | | | | | 0. | 0. | 0. |
| (9) | SARA SHIFRIN | 0 | - 23 | | | | | | | | 0. |
| | Director | | Х | | | | | | 0. | 0. | 0. |
| (10) | MAC DAVIS | 0 | | | | | | | | | |
| <u> </u> | Vice President | 0 | Х | | Х | | | | 0. | 0. | 0. |
| (11) | ROBERT OBRIEN | 0 | | | | | | | | | |
| | President | 0 | Х | | | | | | 0. | 0. | 0. |
| (12) | STEPHEN SMITH | 0 | | | | | | | | | |
| | Director | 0 | Х | | | | | | 0. | 0. | 0. |
| (13) | LAURIE WINSOR | 0 | | | | | | | | | |
| | President | 0 | Х | | Х | | | | 0. | 0. | 0. |
| (14) | ROBERT ILES | 0 | | | | | | | | | |
| | Director | 0 | Х | | | | | | 0. | 0. | 0. |
| BAA | | TEEA0 | 107L | 10/07 | //20 | | | | | | Form 990 (2020) |

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| Part VII Section A. Officers, Directors, Tru | istees, | Key | En | ıplo | oye | es, a | and | d Highest Com | pensated Emp | oyees (continued) |
|--|---------------------------|-----------------------------------|-----------------------|-----------------------|---------------|---------------------------------|-------------|--|---|---|
| | (B) | | | (0 | • | | | | | |
| (A) Name and title | Average hours per | box | , unle | ess pe | erson | e than is both pr/trust | n an | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount |
| | - tions | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | of other compensation from the organization and related organizations |
| | below dotted line) | istee | rustee | | ð | pensated | | | | |
| (15) MIA PURCELL Director | 0 0 | Х | | | | | | 0. | 0. | 0. |
| (16) JOSEPH ALOISIO | 0 | | | | | | | | | |
| Director (17) GLENN SALLER | 0 | Х | | | | | | 0. | 0. | 0. |
| Director | 0 | Х | | | | | | 0. | 0. | 0. |
| (18) KATHRYN STEWART | 0 | v | | | | | | 0 | 0 | 0 |
| Director (19) JOHN WHOLEY | 0 | Х | | | | | | 0. | 0. | 0. |
| Treasurer | 0 | Х | | Х | | | | 0. | 0. | 0. |
| (20) CASSIE MASON Director | 0 | Х | | | | | | 0. | 0. | 0. |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1 b Subtotal | | | | | | | ► | 74,848. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section | | | | | | | • | 0. | 0. | 0. |
| d Total (add lines 1b and 1c). | | | | | | | ► | 74,848. | 0. | 0. |
| 2 Total number of individuals (including but not limited from the organization ► 0 | to those i | Istea | apo | ve) v | WHO | receiv | vea | more than \$100,00 | o of reportable comp | Densation |
| | | | | | | | | | | Yes No |
| 3 Did the organization list any former officer, direc on line 1a? If 'Yes,' complete Schedule J for suc | tor, truste h individu | e, ke <i>al</i> | ey ei | mplo | oyee | e, or l | high | nest compensated | employee | . 3 X |
| 4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual | er than \$1 | 50,00 | 20'? | lf 'Y | es, | com | ple | te Schedule J for | | . 4 X |
| 5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes | e comper | satio | n fr | om | anv | unre | late | d organization or | individual | |
| Section B. Independent Contractors | • | | | | | | | | | |
| Complete this table for your five highest compen compensation from the organization. Report compen | sated inde sation for | epen the c | dent alen | t cor dar <u>y</u> | ntrao year | ctors endii | tha ng v | t received more the tree the tree the tree to the tree | han \$100,000 of ganization's tax year | |
| (A) Name and business add | ress | | | | | | | (B) Description of | | (C) Compensation |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| • Takal mumban of index order to the first transformed | | | . 11 | | iet. | | | ulas varabur l | there | |
| 2 Total number of independent contractors (including to \$100,000 of compensation from the organization) | | ited to | ว เทต | ose l | ISTEC | a abov | ve) | who received more | man | |

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Part VIII Statement of Revenue

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| | | aresp | oonse or note to any | (A) | (B) | (C) | (D) |
|----|--|----------|----------------------|----------------------|---|----------------------------------|--|
| | | | | (A) Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from under sectior 512-514 |
| 1 | a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1 b | | | | | |
| | c Fundraising events. | 1 c | | | | | |
| | d Related organizations | 1 d | | | | | |
| | e Government grants (contributions) f All other contributions, gifts, grants, and | 1 e | 310,735. | | | | |
| | An other contributions, grits, grants, and similar amounts not included above Q Noncash contributions included in | 1 f | 525,668. | | | | |
| | lines 1a-1f | | 208,000. | | | | |
| | h Total. Add lines 1a-1f | | | 836,403. | | | |
| 2 | | | Business Code | | | | |
| | a b | | | | | | |
| | · | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | • | | | | |
| 3 | - | | | | | | |
| - | other similar amounts) | | ▶ | 103,725. | 103,725. | | |
| 4 | Income from investment of tax- | exempt | t bond proceeds | | | | |
| 5 | Royalties | | | | | | |
| _ | (i) F | Real | (ii) Personal | | | | |
| | a Gross rents 6a | | | | | | |
| | b Less: rental expenses 6b | | _ | | | | |
| | c Rental income or (loss) 6c | | ► | | | | |
| | d Net rental income or (loss) | | (ii) Other | | | | |
| 7 | a Gross amount from sales of assets | unites | (ii) Other | | | | |
| | other than inventory 7a | | | | | | |
| | b Less: cost or other basis and sales expenses 7b | | | | | | |
| | c Gain or (loss) 7c | | | | | | |
| | d Net gain or (loss) | | • | | | | |
| 8 | a Gross income from fundraising events | Γ | | | | | |
| 0 | (not including \$ | | | | | | |
| | of contributions reported on line 1c). | | | | | | |
| | See Part IV, line 18 | 8 | 0, 5 11. | | | | |
| | b Less: direct expenses | 8 | - | | | | |
| | c Net income or (loss) from fundra | aising (| events ► | 8,941. | | | |
| 9 | a Gross income from gaming activities. See Part IV, line 19. | 9 | a | | | | |
| | b Less: direct expenses | 9 | b | | | | |
| | c Net income or (loss) from gamir | ng activ | vities► | | | | |
| 10 | a Gross sales of inventory, less returns and allowances | 10 | a | | | | |
| | b Less: cost of goods sold | 10 | | | | | |
| | c Net income or (loss) from sales | _ | | | | | |
| | | | Business Code | | | | |
| 11 | a <u>MISCELLANEOUS</u> | | 900099 | 855. | 855. | | |
| | b LOSS ON SALE OF ASSE | TS | | -25,584. | -25,584. | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | • | -24,729. | | | |
| | Total revenue. See instructions | | ► | 924,340. | 78,996. | 0. | |

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

| 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 | 75,883. | 37,653. | 23,709. | 14,521 |
| 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. | 0. | 0. | 0. |
| 7 | Other salaries and wages | 58,501. | 33,390. | 8,810. | 16,301. |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 9,762. | 4,932. | 2,451. | 2,379. |
| 10 | Payroll taxes | | | | |
| | Fees for services (nonemployees): | | | | |
| | a Management | 17,328. | 11,824. | 5,504. | |
| | Legal | | | | |
| | c Accounting | 2,740. | | 2,740. | |
| | Lobbying | | | | |
| | e Professional fundraising services. See Part IV, line 17 | 180. | | | 180. |
| | Investment management fees | | | | |
| | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion | | | | |
| 13 | Office expenses | 8,345. | 466. | 6,850. | 1,029. |
| 14 | Information technology | -, | | ., | , |
| 15 | Royalties | | | | |
| 16 | Occupancy | 5,095. | | 5,095. | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 722. | 227. | 495. | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 7,059. | | 7,059. | |
| 23 | | 4,577. | 1,262. | 3,315. | |
| 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 | TRAIL AND PARKING LOT CONSTR. | 28,788. | 28,788. | | |
| | MAINT./REPAIRS | 12,181. | 11,371. | 810. | |
| (| PROJECT_COSTS | 10,734. | 10,195. | | 539. |
| C | Printing and Publications | 7,102. | 3,516. | 2,121. | 1,465. |
| | All other expenses | 7,664. | 4,038. | 2,844. | 782. |
| 25 | Total functional expenses. Add lines 1 through 24e | 256,661. | 147,662. | 71,803. | 37,196 |
| 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) | | | | |
| R۸۸ | | | | | Form 990 (2020) |

Form 990 (2020) MAHOOSUC LAND TRUST INC

| 01-0447619 | |
|------------|--|
|------------|--|

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Part X Balance Sheet

| | | | | (A) Beginning of year | | (B) End of year |
|--|--|-------------------------------------|---|---------------------------------|------|---------------------------|
| - | Oral and interest to series | | | | _ | |
| 1 | Cash – non-interest-bearing. | | | 47,416. | 1 | 123,159 |
| 2 | Savings and temporary cash investments | | | 145,427. | 2 | 443,151 |
| 3 | Accounts receivable, net | | | 20 500 | 4 | 100,000 |
| 4 | | | | 20,500. | 4 | 15,331 |
| 5 | Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe | ner officer I contribut rsons | , director, or, or 35% | | 5 | |
| 6 | Loans and other receivables from other disqualified p | ersons (a | s defined under | | | |
| - | section 4958(f)(1)), and persons described in section | • | r i i i i i i i i i i i i i i i i i i i | | 6 | |
| 7 | Notes and loans receivable, net | | • • • • | | 7 | |
| 8 8 | Inventories for sale or use | | - | 1,460. | 8 | 1,460 |
| 8 9 | Prepaid expenses and deferred charges | | • | 2,843. | 9 | 5,536 |
| 10 | a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 1 1 | 1 | | | |
| | b Less: accumulated depreciation | 10 b | 27,275. | 2,322,581. | 10 c | 2,368,522 |
| 11 | Investments – publicly traded securities | | | 697,612. | 11 | 824,109 |
| 12 | Investments – other securities. See Part IV, line 11. | | • | | 12 | · / · · · |
| 13 | Investments – program-related. See Part IV, line 11. | | • | | 13 | |
| 14 | Intangible assets. | | | | 14 | |
| 15 | Other assets. See Part IV, line 11 | | | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line | 33) | | 3,237,839. | 16 | 3,881,268 |
| 17 | Accounts payable and accrued expenses | 2,363. | 17 | | | |
| 18 | | | | • | 18 | |
| 19 | Deferred revenue | | 19 | | | |
| 20 | Tax-exempt bond liabilities | | | | 20 | |
| 2 21 | Escrow or custodial account liability. Complete Part | | | | 21 | |
| 21 22 | Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe | utor. or 35 | 5% | | 22 | |
| 23 | | | | | 23 | |
| 24 | | • | | 50,000. | 24 | 27,700 |
| 25 | | • | | 37,811. | 25 | 38,224 |
| 26 | Total liabilities. Add lines 17 through 25 | | | 90,174. | 26 | 65,924 |
| \$ | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. | e► Z | K | | | |
| 27 | Net assets without donor restrictions | | F | 2,497,382. | 27 | 2,774,774 |
| 28 | | | - | 650,283. | 28 | |
| 27 28 29 30 31 32 33 | Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33. | | k | 030,203. | 20 | 1,040,570 |
| 5 29 | Capital stock or trust principal, or current funds | | - | | 29 | |
| 30 | Paid-in or capital surplus, or land, building, or equipn | | | | 30 | |
| 30 31 | Retained earnings, endowment, accumulated income | | | | 31 | |
| | | | | 3,147,665. | 32 | 3 815 311 |
| 33 | | | | 3,237,839. | 33 | 3,815,344 |
| - 33 | יסנטי המטווונוכס מוזע דוכי מססבנס/ועווע טמומוונבס | | | 3,231,039. | 55 | 3,881,268 |

| Forn | n 990 (2020) MAHOOSUC LAND TRUST INC 01-0 | 447619 | | Pa | ige 12 |
|------|--|--------|------|-------------|---------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI. | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 92 | 24,3 | 340. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2 | 56,6 | 561. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 6 | 67,6 | 579. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). | 4 | 3,14 | 47,6 | 565. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| D | | 10 | 3,8 | 15,3 | 344. |
| Pal | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | | |
| 2 8 | a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | Х | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis | l on a | | | |
| | b Were the organization's financial statements audited by an independent accountant? | | 2 b | | х |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate | | 2.0 | | <u></u> |
| | basis, consolidated basis, or both: Separate basis Consolidated basis Consolidated basis | 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 | Х | |
| - | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | | |
| | 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? | | 3a | | Х |
| I | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3 b | | |
| BAA | TEEA0112L 10/19/20 | | Form | 99 0 | (2020) |

SCHEDULE A (Form 990 or 990-EZ)

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. ► Attach to Form 990 or Form 990-EZ

OMB No. 1545-0047 2020

| Open | to | Public |
|------|-----|--------|
| Ins | peo | ction |

| Department of the Treasury Internal Revenue Service | | | Go to www.irs.gov/Fo | Open to Public Inspection | | | | | | | | |
|--|--|--|---|--|-----------------------------------|---|---|---|--|--|--|--|
| Name of the organization | | | | | | | Employer identific | | | | | |
| | OSUC LAND | | | | | | 01-044761 | - | | | | |
| Part | art I Reason for Public Charity Status. (All organizations must complete this part.) See instruct e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) | | | | | | | ctions. | | | | |
| | <u> </u> | | · | 5, | | , | , | | | | | |
| 1 | | | | hurches described in sec | | | (i). | | | | | |
| 2 | | | | Schedule E (Form 990 or | | | | | | | | |
| 3 | | • | • • | ization described in sec | | | | | | | | |
| 4 | | - | organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's | | | | | | | | | |
| | name, city, ar | nd state: <u> </u> | | | | | | | | | | |
| 5 | An organization section 170(b) | on operated for •)(1)(A)(iv). (Co | ated for the benefit of a college or university owned or operated by a governmental unit described in iν). (Complete Part II.) | | | | | | | | | |
| 6 | A federal, sta | te, or local gov | ernment or governme | ental unit described in s | ection 1 | 70(b)(1) | (A)(∨). | | | | | |
| 7 | X An organizatio in section 170 | n that normally i 0(b)(1)(A)(vi). (| receives a substantial p Complete Part II.) | part of its support from a | governm | ental un | it or from the general pu | blic described | | | | |
| 8 | A community | trust described | in section 170(b)(1)(| A)(vi). (Complete Part | II.) | | | | | | | |
| 9 | | | | ction 170(b)(1)(A)(ix) oper | | oniunctio | on with a land-grant colle | eae | | | | |
| 5 | | r a non-land-gra | nt college of agriculture | e (see instructions). Enter | r the nan | | | | | | | |
| 10 | investment in | come and unre | y receives (1) more t exempt functions, sub lated business taxabl 509(a)(2). (Complete | han 33-1/3% of its supp oject to certain exceptio e income (less section Part III.) | port from ons; and 511 tax) | n contrib (2) no r) from b | outions, membership fe nore than 33-1/3% of i usinesses acquired by | es, and gross receipts ts support from gross the organization after | | | | |
| 11 | An organizati | on organized a | nd operated exclusive | ely to test for public saf | ety. See | sectior | n 509(a)(4). | | | | | |
| 12 | or more public | cly supported o | rganizations describe | ely for the benefit of, to ed in section 509(a)(1) of upporting organization | or sectic | on 509(a) |)(2). See section 509(a | ut the purposes of one) (3). Check the box in | | | | |
| а | Type I. A supp | orting organizati | on operated, supervise | d, or controlled by its sup t a majority of the directo | ported c | organizat | ion(s), typically by giving | g the supported on. You must | | | | |
| b | management of | oporting organiz of the supporting te Part IV, Sect | organization vested in | controlled in connection the same persons that c | with its ontrol or | support manage | ed organization(s), by the supported organization | having control or ion(s). You | | | | |
| с | Type III function | onally integrated s) (see instructi | . A supporting organizations). You must com | tion operated in connectio plete Part IV, Sections | n with, a A, D, an | nd functio d E. | onally integrated with, its | supported | | | | |
| d | functionally in | ntegrated. The o | organization generally | panization operated in cor must satisfy a distribu Is A and D, and Part V. | tion rea | with its s uiremen | supported organization(s t and an attentiveness |) that is not requirement (see | | | | |
| е | | | | en determination from | | that it is | ; а Туре I, Туре II, Тур | e III functionally | | | | |
| , | | | | supporting organization | | | | | | | | |
| | | | n about the supported | d organization(c) | | | | | | | | |
| | Name of supported o | - | (ii) EIN | (iii) Type of organization | 6.5 | - 41 | (v) Amount of monetary | (vi) Amount of other | | | | |
| ų. | | gamzation | (ii) Liiv | (described on lines 1-10 above (see instructions)) | organizat in your c | s the tion listed overning ment? | support (see instructions) | support (see instructions) | | | | |
| | | | | | Yes | No | | | | | | |
| (A) | | | | | | | | | | | | |
| () | | | | | | | | | | | | |
| (B) | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | |
| (D) | | | | | | | | | | | | |
| (E) | | | | | | | | | | | | |
| Total | | | | | | | | | | | | |

| Schedule A (Form 990 or 990-EZ) 2020 | MAHOOSUC | LAND | TRUST | INC |
|--------------------------------------|----------|------|-------|-----|
|--------------------------------------|----------|------|-------|-----|

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

| Calendar year (or fiscal year beginning in) ► | | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|---|--|--|---|--|---------------------------------------|---------------------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | 642,731. | 499,786. | 505,435. | 312,264. | 710,819. | 2,671,035. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | , | | <i>,</i> | , | | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 | Total. Add lines 1 through 3 | 642,731. | 499,786. | 505,435. | 312,264. | 710,819. | 2,671,035. |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 406,205. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 2,264,830. |
| Sec | tion B. Total Support | | | | | | · · · |
| | ndar year (or fiscal year nning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 7 | Amounts from line 4 | 642,731. | 499,786. | 505,435. | 312,264. | 710,819. | 2,671,035. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 34,440. | 75,260. | -12,537. | 91,038. | 101,076. | 289,277. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | , i | · | | 0. |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI | 5,462. | 1,152. | 3,132. | 19,627. | 2,282. | 31,655. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 2,991,967. |
| 12 | Gross receipts from related activ | ities, etc. (see ins | structions) | | | 12 | 14,619. |
| 13 | First 5 years. If the Form 990 is organization, check this box and | for the organization stop here | on's first, second, | third, fourth, or fi | fth tax year as a | section 501(c)(3) | ► |
| Sec | tion C. Computation of Pul | blic Support P | ercentage | | | | |
| | Public support percentage for 20 | | | | | | 75.70% |
| 15 | Public support percentage from a | 2019 Schedule A, | Part II, line 14 | | | 15 | 70.68% |
| 16a | 33-1/3% support test-2020. If the and stop here. The organization | he organization di qualifies as a pub | d not check the b blicly 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-2019. If th and stop here. The organization | e organization dic qualifies as a put | I not check a box plicly supported of | on line 13 or 16a rganization | , and line 15 is 3 | 3-1/3% or more, c | check this box ► |
| 17a | 10%-facts-and-circumstances te or more, and if the organization the organization meets the facts | meets the facts-a | nd-circumstances | test, check this b | box and stop here | . Explain in Part | VI how |
| | 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and | meets the facts-and d-circumstances' t | nd-circumstances est. The organiza | test, check this b tion qualifies as a | box and stop here a publicly support | e. Explain in Part ed organization | VI how the |
| 18 | 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 ► |
| BAA | | | | | Set | adula A (Earm 90 | 90 or 990-EZ) 2020 |

Schedule A (Form 990 or 990-EZ) 2020

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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.)

| Sec | tion A. Public Support | | | | | | |
|---------|---|--------------------|--------------------------|----------------------|---------------------|--------------------|------------------|
| | lar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities 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 or business under section 513. | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| с | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sec | tion B. Total Support | | | | • | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | Amounts from line 6 | | | | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| с 11 | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| | First 5 years. If the Form 990 is organization, check this box and | stop here | | third, fourth, or f | ifth tax year as a | section 501(c)(3) | ► |
| - | tion C. Computation of Pu | | | 10 1 (0 | 、 | | 0 |
| | Public support percentage for 20 | • | | | • | | 00 |
| - | Public support percentage from | | | | | 16 | 0/0 |
| | tion D. Computation of Inv | | | | | I I | |
| 17 | Investment income percentage f | | | | | | 00 |
| 18 | Investment income percentage f | | | | | | 00 |
| | 33-1/3% support tests—2020. If is not more than 33-1/3%, check | this box and sto | p here. The orgar | nization qualifies a | as a publicly supp | orted organization | ▶ |
| | 33-1/3% support tests - 2019. If i line 18 is not more than 33-1/3% | , 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, c | check this box and | I see instructions | •••••• |

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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 |
|-----|---|---------|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 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 described in section 509(a)(1) or (2). | 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 | | |
| ł | 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 | a 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 | | |
| ł | 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. | 4b | | |
| C | 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 | a 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 | | |
| ł | 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 | | |
| 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? <i>If 'Yes,' provide detail in Part VI.</i> | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ</i>). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | |
| 9a | a 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 | | |
| ł | Did one or more disqualified persons (as defined in 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 | c Did a disqualified person (as defined in 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 | a 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 | | |
| ł | 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 | | |

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| | | 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 in lines 11b and 11c below, the governing body of a supported organization? | 11a | | |
| b A family member of a person described in line 11a above? | 11b | | |
| C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI. | 11c | | |

Section B. Type I Supporting Organizations

- 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

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).

Section D. All Type III Supporting Organizations

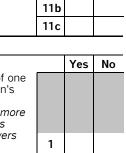
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
|--|---|---|---|
| organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | | |
| the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | _ | _ |
| 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played | | | |
| in this regard. | | | |

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 in 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.



2

Yes

No

Schedule A (Form 990 or 990-EZ) 2020 MAHOOSUC LAND TRUST INC

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Page 6

| Sche | edule A (Form 990 or 990-EZ) 2020 MAHOOSUC LAND TRUST INC | | | 147619 | Page (|
|------|--|-----------------|--|--------------------------------------|--------|
| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | aniza | tions | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization | t on N ns mu | ov. 20, 1970 (explain in st complete Sections A | n Part VI). See through E. | |
| Sec | ction A – Adjusted Net Income | | (A) Prior Year | (B) Curren (option | |
| 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 | | | |
| Sec | ction B – Minimum Asset Amount | · | (A) Prior Year | (B) Curren (option | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | | |
| á | a Average monthly value of securities | 1a | | | |
| ł | b Average monthly cash balances | 1b | | | |
| (| c Fair market value of other non-exempt-use assets | 1c | | | |
| C | d Total (add lines 1a, 1b, and 1c) | 1d | | | |
| e | 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 | | | |
| Sec | ction 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

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

BAA

Schedule A (Form 990 or 990-EZ) 2020

| Par | t V Type III Non-Functionally Integrated 509(a)(3) Su | pporting Organiza | tions (continue) | d) | |
|----------|--|-----------------------------|---|----|--------------|
| Sec | tion D – Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt pu | | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of | of supported organization | S, | | |
| | 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 | details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| - | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the organizati in Part VI). See instructions. | on is responsive (provide | details | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| | tion E – Distribution Allocations (see instructions) | ons | (iii) Distributable Amount for 2020 | | |
| 1 | Distributable amount for 2020 from Section C, line 6 | | | | |
| | Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i>). See instructions. | | | | |
| | Excess distributions carryover, if any, to 2020 | | | | |
| | From 2015 | | | | |
| | From 2016 | | | | |
| | From 2017 | | | | |
| | From 2018 | | | | |
| - | From 2019 | | | | |
| 1 | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| | Applied to 2020 distributable amount | | | | |
| | Carryover from 2015 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from Section D, line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| - | Applied to 2020 distributable amount | | | | |
| <u> </u> | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| a | Excess from 2016 | | | | |
| Ŀ | Excess from 2017 | | | | |
| | Excess from 2018 | | | | |
| c | Excess from 2019 | | | | |
| - | Excess from 2020 | | | | |

Schedule A (Form 990 or 990-EZ) 2020

Part II, Line 10 - Other Income

| Nature and Source | | 2020 | 2019 | 2018 | 2017 | 2016 |
|-------------------|-------|------------------------|--------------------------|------------------------|------------------------|------------------------------|
| OTHER | Total | \$ 2,282. \$ 2,282. | \$ 19,627. \$ 19,627. | \$ 3,132. \$ 3,132. | \$ 1,152. \$ 1,152. | \$ 5,462. \$ 5,462. |

OMB No 1545-0047 Supplemental Financial Statements SCHEDULE D Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. (Form 990) 20 **Open to Public** Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number MAHOOSUC LAND TRUST INC 01-0447619 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). 2 3 Aggregate value of grants from (during year)..... Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 6 No impermissible private benefit?..... Yes Part II **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). X Preservation of land for public use (for example, recreation or education) X Preservation of a historically important land area Х Protection of natural habitat Preservation of a certified historic structure Х Preservation of open space Complete lines 2a through 2d if the organization held a gualified conservation contribution in the form of a conservation easement on the 2 last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a 10 **b** Total acreage restricted by conservation easements..... **2b** 5,952 c Number of conservation easements on a certified historic structure included in (a)..... 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. 2 d 5 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► 4 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, 5 X Yes and enforcement of the conservation easements it holds?..... No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 92 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ►\$ 12,894. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 X Yes and section 170(h)(4)(B)(ii)?..... No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. See Part XIII 9 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: ►Ś (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... ►\$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1..... ►\$ ►\$

b Assets included in Form 990, Part X

TEFA33011 08/18/20

Schedule D (Form 990) 2020

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

| Schedule D (Form 990) 2020 MAHO | | | | | | 01-0447 | | Page 2 |
|---|----------------------------------|------------------------------|--------------------------------|---|-------------|----------------------------|---------------|---------|
| Part III Organizations Mainta | ining Colle | ctions of | Art, Histo | rical Treasures | , or Oth | er Similar Asso | ets (continu | ued) |
| 3 Using the organization's acquisitior items (check all that apply): | n, accession, a | nd other reco | rds, check a | ny of the following that | at make s | ignificant use of its of | collection | |
| a Public exhibition | | (| d 🗌 Loan d | or exchange prograr | m | | | |
| b Scholarly research | | (| e Other | | | | | |
| c Preservation for future gene | rations | | | | | | | |
| 4 Provide a description of the organiz Part XIII. | zation's collect | ions and expl | ain how they | further the organizat | tion's exer | mpt purpose in | | |
| 5 During the year, did the organiza to be sold to raise funds rather t | ation solicit or han to be ma | receive don intained as p | ations of art part of the o | t, historical treasure rganization's collect | s, or othe | er similar assets | Yes | No |
| Part IV Escrow and Custodia line 9, or reported an | I Arrangen | ients. Con | nplete if t | he organization | | | rm 990, Pai | rt IV, |
| | | | | | | | | |
| 1 a Is the organization an agent, tru on Form 990, Part X? | stee, custodia | in or other in | itermediary | for contributions or | other as | sets not included | Yes | No |
| b If 'Yes,' explain the arrangement | | | | | | L | ! L | |
| | | | | | | | Amount | |
| c Beginning balance | | | | | | 1c | | |
| d Additions during the year | | | | | | 1 d | | |
| e Distributions during the year | | | | | | 1 e | | |
| f Ending balance | | | | | | 1 f | | |
| 2 a Did the organization include an a | | | | | | | | No |
| b If 'Yes,' explain the arrangement | t in Part XIII. | Check here i | f the explar | nation has been prov | vided on | Part XIII | | |
| | | | | | | | | |
| Part V Endowment Funds. C | | | | | | | | |
| 1 - Paginning of year balance | (a) Current | year | (b) Prior year | (c) Two years | back | (d) Three years back | (e) Four year | rs dack |
| 1 a Beginning of year balance b Contributions | | | | | | | | |
| | | | | | | | | |
| c Net investment earnings, gains, and losses | | | | | | | | |
| d Grants or scholarships | | | | | | | | |
| e Other expenditures for facilities and programs | | | | | | | | |
| f Administrative expenses | | | | | | | | |
| g End of year balance | | | | | | | | |
| 2 Provide the estimated percentag | | nt year end | balance (lin | e 1g, column (a)) h | eld as: | | | |
| a Board designated or quasi-endown | | | _% | | | | | |
| b Permanent endowment | <u></u> % | | | | | | | |
| c Term endowment ► | 0 | 1 1 0 0 0 / | | | | | | |
| The percentages on lines 2a, 2b, a | nd 2c should e | qual 100%. | | | | | | |
| 3 a Are there endowment funds not in | the possession | of the organ | ization that a | re held and administe | ered for th | ne | Yes | Na |
| organization by: (i) Unrelated organizations | | | | | | | 3a(i) | No |
| (ii) Related organizations | | | | | | | 3a(ii) | |
| b If 'Yes' on line 3a(ii), are the relation | | | | | | | 3b | |
| 4 Describe in Part XIII the intende | - | | • | | | | 30 | |
| Part VI Land, Buildings, and | | - | 3 chuowine | int funds. | | | | |
| Complete if the organ | | | s' on Forr | n 990 Part IV I | ine 11a | See Form 990 |) Part X li | ne 10 |
| Description of property | | (a) Cost or c | | | | | (d) Book va | |
| Description of property | | (investi | | (b) Cost or other basis (other) | (0 |) Accumulated depreciation | | alue |
| 1 a Land | | | | 2,162,000 | 0. | | 2,162 | ,000. |
| b Buildings | | | | 225,68 | | 23,563. | | ,124. |
| c Leasehold improvements | | | | · · · · · · | | | | |
| d Equipment | | | | | | | | |
| e Other | | | | 8,110 | | 3,712. | 4 | ,398. |
| Total. Add lines 1a through 1e. (Colum | nn (d) must e | qual Form 99 | 90, Part X, d | column (B), line 10c | :.) | | 2,368 | |
| BAA | | | | | | Schedu | le D (Form 99 | 0) 2020 |

TEEA3302L 08/18/20

| Schedule | D (Form 990) 2020 MAHOOSUC LAND TRUS | ST INC | 01-044 | 7619 | Page 3 |
|----------------------|--|----------------------------|---|---------------------|-------------------------|
| Part VII | Investments – Other Securities. | | | | La. 10 |
| | Complete if the organization answered sription of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-or | | |
| | | | | i-yeai illaikel vai | ue |
| · · | y held equity interests. | | | | |
| (3) Other | | | | | |
| (A) | | | | | |
| <u>`</u> (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| (I) | | | | | |
| | mn (b) must equal Form 990, Part X, column (B) line 12.) 🕨 | | | | |
| Part VII | Investments – Program Related. | L'Vac' on Form OOC | N/A Nort IV line 11e See Form 9 | 00 Dart V | lino 12 |
| | Complete if the organization answered (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end- | | |
| (1) | | | | or year mark | |
| (1) (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| | mn (b) must equal Form 990, Part X, column (B) line 13.) 🕨 | | | | |
| Part IX | Other Assets. Complete if the organization answered | N/A I 'Voc' on Form 990 |) Part IV/ line 11d See Form 9 | 00 Dart V | lino 15 |
| | | scription | , Fart IV, IIIle TTU. See Form 9 | (b) Book | value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) (6) | | | | | |
| (0) (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| Total. (Co | olumn (b) must equal Form 990, Part X, column (i | B) line 15.) | • | | |
| Part X | Other Liabilities. | | | | |
| - | Complete if the organization answered 'Yes' on F | | le or 11f. See Form 990, Part X, line 25. | | |
| 1. | eral income taxes | iption of liability | | (b) Book | value |
| | CRUED VACATION | | | | 2,035. |
| | T ANNUITY | | | 3 | <u>2,035.</u> 6,188. |
| | inding | | | | 1. |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) (11) | | | | | |
| | mn (h) must aqual Form 000 Part V actimes (P) line 25) | | | າ | 8,224. |
| 101al. (<i>COIU</i> | mn (b) must equal Form 990, Part X, column (B) line 25.) | | · · · · · · · · · · · · · · · · · · · | 3 | 0,224. |

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.

| Schedule D (Form 990) 2020 MAHOOSUC LAND TRUST INC | 01-0447619 | Page 4 |
|--|-----------------|--------|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue p | er Return. N/A | |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | |
| 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 | | |
| c Recoveries of prior year grants | | |
| d Other (Describe in Part XIII.) | | |
| e Add lines 2a through 2d. | 2e | |
| 3 Subtract line 2e from line 1 | 3 | |
| 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 4a | | |
| 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.) | 5 | |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses | per Return. N/A | |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | |
| 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 . | 2e | |
| 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 | | |
| b Other (Describe in Part XIII.) | | |
| c Add lines 4a and 4b. | 4c | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | |
| 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 9 - Organization Reporting Of Conservation Easements

Direct expenses are part of land protection line item on the income statement.

Part V, Line 4 - Intended Uses Of Endowment Fund

THE BOARD DESIGNATED FUNDS ARE USED TO PROVIDE FOR THE PAYMENT OF GIFT ANNUITIES FOR

THE LIFE TIME OF THE ANNUITANTS.

THE PERMAMENT ENDOWMENT AND TEMPORARILY RESTRICTED ENDOWMENTS ARE MAINTAINED TO

PROVIDE INCOME TO SUPPORT THE STEWARDSHIP OF THE TRUST'S PROPERTIES AND EASEMENTS AND

TO DEFEND EASEMENTS IF CHALLENGES ARISE.

BAA

Schedule D (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2020

| ► C | omplete if th | e organizations | answered 'Ye | s' on Form 990 | , Part IV, lines | 29 or 30. |
|-----|---------------|-----------------|--------------|----------------|------------------|-----------|
| - | | | | | | |

► Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 01-0447619

| | | | TRUST | | | |
|--------------------------|--|--|-------|--|--|--|
| Part I Types of Property | | | | | | |

| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Metho noncash | (d) od of det contribut | ermin ion ar | ing nounts |
|-----|---|-------------------------------|--|---|------------------|--------------------------------------|-----------------|---------------|
| 1 | Art – Works of art | | | | | | | |
| 2 | Art – Historical treasures | | | | | | | |
| 3 | Art – Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities – Publicly traded | | | | | | | |
| 10 | Securities – Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or trust interests . | | | | | | | |
| 12 | Securities – Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution – Historic structures | | | | | | | |
| 14 | Qualified conservation contribution – Other | | | | | | | |
| 15 | Real estate – Residential | | | | | | | |
| 16 | Real estate – Commercial | | | | | | | |
| 17 | Real estate – Other | Х | 2 | 208,000. | APPRAI | SAL | | |
| 18 | Collectibles. | | | | | | | |
| 19 | Food inventory. | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy. | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other ► () | | | | | | | |
| 26 | Other► () | | | | | | | |
| 27 | Other () | | | | | | | |
| 28 | Other► () | | | | | | | |
| | Number of Forms 8283 received by the organization of | luring the tax | vear for contributions fo | r which the | | | | |
| 29 | organization completed Form 8283, Part V, Done | e Acknowled | laement | | 29 | | | |
| | · 5· · · · · · · · · · · · · · · · · · | | 5 | | | Y | (es | No |
| | 2 · · · · · · · · · · · · · · · | | | | | | | |
| 30a | During the year, did the organization receive by contr it must hold for at least three years from the date | | | | | | | |
| | for exempt purposes for the entire holding period | | | | | 30 a | | Х |
| h | If 'Yes,' describe the arrangement in Part II. | | | | | | | |
| | Does the organization have a gift acceptance poli | cy that requ | ires the review of any r | nonstandard contributio | ns? | 31 | Х | |
| | Does the organization hire or use third parties or | related orga | nizations to solicit, pro | cess, or sell | | | 7 | |
| | noncash contributions? | | | | | 32 a | | X |
| | 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 w | nich column (a) is chec | ked, | | | |
| BAA | For Paperwork Reduction Act Notice, see the Ins | tructions fo | r Form 990. | | Schedu | le M (Foi | rm 99 | 0) 2020 |

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 990-EZ.

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

OMB No. 1545-0047

MAHOOSUC LAND TRUST INC

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

Officers, Board Membership and Bi-laws are subject to approval by the membership which occurs at an annual meeting of all members.

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

Officers, Board Membership, and Bi-laws are subject to approval by the membership at

the annual meeting of all members.

Form 990, Part VI, Line 11b - Form 990 Review Process

THE FINANCIAL PLANNING COMMITTEE REVIEWED THE FORM 990 IN DETAIL AND PRESENTED A

COPY TO THE THE BOARD OF DIRECTORS FOR FURTHER REVIEW.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The executive committee reviewed national wage inflation statistics, reviewed the

annual survey of wages and benefits of the Land Trust Alliance (a national

organization of land trusts), and reviewed other non-profit organizations in Maine prior to establishing the compensation for the Executive Director.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

UPON REQUEST

PART VI, SECTION B, LINE 12A

THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY ANNUALLY. THE EXECUTIVE DIRECTOR REPORTS POTENTIAL CONFLICTS TO THE BOARD OF DIRECTORS.