0423215999 SFP 0 2 2021

Form **990** (Rev January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning OCT 1, 2019 and ending SEP 30, 2020												
В	Check if applicabl	C Name of organization	D Employer ident									
Г	Addre	Cape_Elizabeth_Land_Trust, Inc.										
[]	Name chang		22-2736	834								
Initial return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number												
	Final return	330 Ocean House Road	207-767	-6054								
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	6,718,557.								
	Amended Cape Elizabeth, ME 04107 H(a) Is this a group return											
, \sqsubset	Applica- F Name and address of principal officer Cynthia Krum for subordinates? Yes X No											
Ś	pendir	same as C above	H(b) Are all subordinate	s included? Yes No								
	Tax-exe	empt status X 501(c)(3)		a list (see instructions)								
		e: > www.capelandtrust.org	H(c) Group exemp									
				M State of legal domicile. ME								
	art I	Summary										
-0	1	Briefly describe the organization's mission or most significant activities The Cape	Elizabeth L	and Trust								
Governance		permanently conserves and provides stewardsh	ip for lands	and								
E.		Check this box if the organization discontinued its operations or disposed of										
Š	1	Number of voting members of the governing body (Part VI, line 1a)	1	3 15								
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)	Ţ.	15								
ري ص	1	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5 7								
Activities &	1	Total number of volunteers (estimate if necessary)	 -	111								
휹	1	Total unrelated business revenue from Part VIII, column (C), line 12		a 0.								
Ă	1	Net unrelated business taxable income from Form 990 T, line 39	<u> </u>	b 0.								
	053	KECEIVED	Prior Year	Current Year								
	122	- · · · · · · · · · · · · · · · · · · ·	1,876,820									
Revenue			421									
Ϋ́		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, 46 7d)	10,873									
æ	1	1	1,020									
	_	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,889,134									
	77	Total revenue - add lines 8 through 11 (must equal Flart VIII - column (A), line 2)	0 0									
	1 44	Grants and similar amounts paid (Part IX, column (A), lines 1·3)	0									
	457	Benefits paid to or for members (Part IX, column (A), line 4)	163,570									
ses	15;	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	103,370									
Expenses	Тба	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	+								
ă	Orp	Total fundraising expenses (Part IX, column (D), line 25) 210, 197.	1 000 127	1 227 405								
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,088,137									
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,251,707									
	19	Revenue less expenses Subtract line 18 from line 12	637,427	i								
Net Assets or			Beginning of Current Yea									
SSE	20	Total assets (Part X, line 16)	3,797,296									
et P	21	Total liabilities (Part X, line 26)	197,762									
2	22	Net assets or fund balances Subtract line 21 from line 20	3,599,534	. 8,490,112.								
	art II	Signature Block	-1									
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st		my knowledge and belief, it is								
true	, correc	t, and complete. Declaration of preparer-(other than officer) is based on all information of which pre	parer has any knowledge	/								
		Sand Adversary		202								
Sig	n	Signatule on officer	on Brigasi	Treasurer								
He	re	Cynthia Krum, Executive Director Wym C	N 0113921	Treasurer_								
		Type or print name and title	Date Chang	T T PTIN								
_	Print/Type preparer's name Preparer's signature Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name											
Paid David J. Shorette, CPA / Wid / Should Cr 02/05/21 self-employed P00086553												
	parer	Firm's name Purdy Powers & Company	Firm's EIN	01-0463013								
Use	Only	Firm's address 130 Middle Street		00 000 0400								
		Portland, ME 04101	Phone no. 2	07-775-3496								
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No								
9320	01 01-2	LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2019)								

See Schedule O for Organization Mission Statement Continuation

	rt III Statement of Program Service Accomplishments
ra	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
•	The Cape Elizabeth Land Trust permanently conserves and provides
	stewardship for lands and easements located in Cape Elizabeth, Maine.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$1, 121, 387. including grants of \$) (Revenue \$3, 117.)
	Permanent conservation and stewardship of lands and easements that
	provide a public benefit of public access/recreation, protection of
	natural resources, scenic value of historical importance. Environmental
	education programs are offered for Cape Elizabeth Schools, senior
	residences, and through community service programs.
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$
4d	Other program services (Describe on Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses 1 121 387.

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			V	
	is the organization described in section E01(c)(2) or 4047(c)(1) (other than a private foundation)?		Yes	No_
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	4	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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?		ļ	
	If "Yes," complete Schedule D, Part IV	9_		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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		ļ	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		ł	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		ļ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Δ_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
40-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
ıza	Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	izu		
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		[
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا مر		v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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	04	Ì	_X_
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_^

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Cape Elizabeth Land Trust, Inc. 22-2736834 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes." complete Schedule I. Parts I and III 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No." go to line 25a X 24a 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 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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? If "Yes," complete Schedule L. Part I 25b X Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III X 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? If X "Yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? If "Yes." complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If X 28c "Yes," complete Schedule L, Part IV X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 X Schedule N. Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X 38 Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 36 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

(gambling) winnings to prize winners?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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Cape Elizabeth Land Trust, Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 7								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X_						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	,								
b	If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country		- " -						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_							
	to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	i (X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	101								
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.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter			1					
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them)		1						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O								
þ	Enter the amount of reserves the organization is required to maintain by the states in which the)						
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	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		X					
	If "Yes," complete Form 4720, Schedule O								

Form 990 (2019) Cape Elizabeth Land Trust, Inc. 22-2736834 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions

	, and the second							
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
та	Enter the number of voting members of the governing body at the end of the tax year 13	1						
	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.	1		l				
b	Enter the number of voting members included on line 1a, above, who are independent 15	ł		}				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
_	officer, director, trustee, or key employee?	_2_		_X_				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_						
	of officers, directors, trustees, or key employees to a management company or other person?	3_		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_X_					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		_X_				
6	Did the organization have members or stockholders?	6_	X					
7a								
	more members of the governing body?	7a	_X_	<u> </u>				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	}						
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u> </u>				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a		11a	X	 -				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		v	i				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	 -				
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		3.5					
	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14_	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37					
a	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			35				
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	[
	exempt status with respect to such arrangements?	16b						
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed None	\a_ =::!	\ -					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	abie				
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website X Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	icial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	Cynthia Krum - 207-767-6054							
	330 Ocean House Road, Cape Elizabeth, ME 04107							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See 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.

(A)	(B)	nor any related organization compensate (B) (C)						(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
Name and the	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)						compensation	compensation	amount of
	week							from	from related	other
	(list any	흜			ŀ	Į		the	organizations	compensation
	hours for	1			ļ	ᇐ		organization	(W·2/1099-MISC)	from the
	related	Sign	ruste			SE SE		(W-2/1099-MISC)		organization
	organizations	릁	onalt		l g	E 8				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Рогте			organizations
	line)	=	=	5	٣	호등	Fe			
(1) William Luneberg	15.00	x		x		[0.	0.	0
President	6 00	^	 	^	-	-				0.
(2) David Briman	6.00	·		v	l			ا م	0.	0
Vice President	10.00	X	 	X	-	-		0.	0.	0.
(3) Wyman Briggs	10.00		}		}	ł			0	0
Treasurer		X	-	X	├	-		0.	0.	0.
(4) Liz Murley	5.00		ļ		ļ				•	•
Secretary	1000	X	_	X	├-	-		0.	0.	0.
(5) Sherman Altenburg	12.00			j	ļ				•	
Director	1 00	X		-	<u> </u>	├	-	0.	0.	0.
(6) Celeste Bannock	1.00	1			1					•
Director		X		-	├	-		0.	0.	0.
(7) Alison Darling	2.00			1	(•	•
Director	 	X		-	-	-		0.	0.	0.
(8) Nathaniel Fick	2.00							١	•	0
Director	4 50	X		-	-		_	0.	0.	0.
(9) Lisa Gent	4.50		Ì		Ì				•	0
Director	1 2 00	X	-	-	-	-		0.	0.	0.
(10) Elizabeth Goodspeed	3.00								0	•
Director	1 00	X			-			0.	0.	0,
(11) Dennis Leiner	1.00		l	}]			0	0
Director		X	<u> </u>	-	-			0.	0.	0.
(12) Suzanne McGinn	20.00	7,]	ŀ				0	0	0
Director	1 00	X	-					0.	0.	0.
(13) Jan Molleur	1.00	.,	}						•	0
Director		X	-	<u> </u>		_	_	0.	0.	0.
(14) Nick Owens	2.00]	ļ				•	0
Director	14 00	X	<u> </u>		-	_	_	0.	0.	0.
(15) Chris Tullmann	14.00			1	ļ			1	_	^
Director	+ 40 22	X		 	├-			0.	0.	0.
(16) Cynthia Krum	40.00	Ì		x				40,845.	0.	540.
Executive Director				·V	1	1	1	. //// X/L5	D . I	540

Form 990 (2019)

Cape Elizabeth Land Trust, Inc. Form 990 (2019) 22-2736834 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded Total revenue Related or exempt Unrelated function revenue business revenue from tax under sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b 76,714. c Fundraising events 1c d Related organizations 1d 5,000. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 6,203,780 similar amounts not included above g Noncash contributions included in lines 1a-1f 1g \$1,060,3856,285,494 h Total. Add lines 1a-1f Business Code 2 a Program Service Fees 900099 1,864. 1,864. f All other program service revenue 1,864. Total. Add lines 2a-2f Investment income (including dividends, interest, and 7,182. 7,182. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a 6b b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 7a 358,094 assets other than inventory b Less cost or other basis 76 358,092 Other Revenue and sales expenses c Gain or (loss) 2. 2. ▶ d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 76,714. of contributions reported on line 1c) See 64,670 Part IV, line 18 64,670 b Less direct expenses 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 9a 9b b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 404. and allowances 10a 106 0. b Less cost of goods sold 404. 404. c Net income or (loss) from sales of inventory \triangleright **Business Code** 849. 849. 900099 11 a Misc Income d All other revenue 849.

e Total. Add lines 11a-11d

Total revenue See instructions

 \triangleright 6,295,795.

3,117.

7,184.

Form 990 (2019)

Sect	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	ner organizations must co	mplete column (A)	
	Check if Schedule O contains a respon-	se or note to any line in			
	not include amounts reported on lines 6b, 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 foreign		,		į.
	individuals See Part IV, lines 15 and 16				 <u>-</u>
4	Benefits paid to or for members				<u> </u>
5	Compensation of current officers, directors,				
	trustees, and key employees	70,715.	22,810.	26,048.	21,857.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	j			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	96,823.	31,231.	35,664.	29,928.
8	Pension plan accruals and contributions (include		4 000	4 476	007
	section 401(k) and 403(b) employer contributions)	3,192.	1,029.	1,176.	987.
9	Other employee benefits	9,883.	3,188.	3,640.	3,055.
10	Payroll taxes	13,536.	4,366.	4,986.	4,184.
11	Fees for services (nonemployees)				
а	Management			2 022	
b	Legal	9,920.	5,997.	3,833.	90.
	Accounting	16,960.	10,253.	6,554.	153.
d	, , ,				
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	14,306.	8,413.	5,513.	380.
	column (A) amount, list line 11g expenses on Sch O.)	14,300.	0,413.	<u> </u>	
12	Advertising and promotion	2,478.	840.	1,080.	558.
13	Office expenses	2,410.	040.	1,000.	
14	Information technology				
15	Royalties	3,294.	1,307.	1,063.	924.
16 17	Occupancy	<u>J,ZJ+.</u>	1,507.		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,436.	1,436.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,006.	2,169.	2,451.	1,386.
23	Insurance	9,911.	6,497.	2,150.	1,264.
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 0.)	,		4	
а	Easement Reduction Expe	997,500.	997,500.		
a b	Capital Campaign Expens	112,033.			112,033.
C	Miscellaneous	22,163.	13,931.	2,272.	5,960.
d	Printing and Postage	13,330.	1,904.	666.	10,760.
-	All other expenses	28,068.	8,516.	2,874.	16,678.
25	Total functional expenses Add lines 1 through 24e	1,431,554.	1,121,387.	99,970.	210,197.
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)				

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		223,742.	1	814,334.
	2	Savings and temporary cash investments		728,379.	2	785,411.
	3	Pledges and grants receivable, net		811,904.	3	1,237,424.
	4	Accounts receivable, net		6,330.	4	125,968.
	5	Loans and other receivables from any current or				
	ļ	trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes		5		
	6	Loans and other receivables from other disquali	ied persons (as defined			
	(under section 4958(f)(1)), and persons described		6		
ξħ	7	Notes and loans receivable, net		 	7	
Assets	8	Inventories for sale or use		451.	8	7,014.
Ä	9	Prepaid expenses and deferred charges		14,366.	9	12,247.
	10a	Land, buildings, and equipment cost or other				
	i	basis Complete Part VI of Schedule D	10a 252,242.			
	ь	Less accumulated depreciation	10b 78,616.	166,197.	10c	173,626.
	11	Investments - publicly traded securities	72,285.	11	3,578,101.	
	12	Investments - other securities. See Part IV, line 1		12		
1	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	1,773,642.	15	1,846,356.	
	16	Total assets. Add lines 1 through 15 (must equa	3,797,296.	16	8,580,481.	
	17	Accounts payable and accrued expenses		22,762.	17	90,369.
	18	Grants payable		18		
	19	Deferred revenue	(19	
	20	Tax-exempt bond liabilities			20_	
	21	Escrow or custodial account liability Complete I			21	
es	22	Loans and other payables to any current or form				
Liabilities	(trustee, key employee, creator or founder, subst	antial contributor, or 35%	1		
ja ja		controlled entity or family member of any of thes	· '	185 000	22	
_	23	Secured mortgages and notes payable to unrela		175,000.	23	0.
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa			'	
		parties, and other liabilities not included on lines	17-24) Complete Part X		_	
	ĺ	of Schedule D		107 762	25	00 360
	26	Total liabilities. Add lines 17 through 25		197,762.	26	90,369.
Ø	}	Organizations that follow FASB ASC 958, che	ck here ▶ LX			
2		and complete lines 27, 28, 32, and 33.		2 020 201		2 565 650
ala	27	Net assets without donor restrictions		2,028,301. 1,571,233.		3,565,658. 4,924,454.
d B	28	Net assets with donor restrictions		1,3/1,233.	28	4,944,454.
_ <u>5</u>	}	Organizations that do not follow FASB ASC 9	58, check here 📂 📖			
P		and complete lines 29 through 33.		li .	20	
Ş	29	Capital stock or trust principal, or current funds			29	
Net Assets or Fund Balances	30	Paid in or capital surplus, or land, building, or eq			30	
et A	31	Retained earnings, endowment, accumulated in	come, or other funds	3,599,534.	31	9 400 112
ž	32	Total net assets or fund balances		3,399,334.	32	8,490,112. 8,580,481.
	33	Total liabilities and net assets/fund balances		3,131,430.	33	Form 990 (2019)

orn	1990 (2019) Cape Elizabeth Land Trust, Inc.	22-	2736834	Pa	ge 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	6,29	<u>5,7</u>	<u>95.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,43	1,5	<u>54.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	4,86	4,2	41.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,59	9,5	34.
5	Net unrealized gains (losses) on investments	5	2	<u>6,3</u>	<u>37.</u>
6	Donated services and use of facilities	6_			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8,49	0,1	<u>12.</u>
Pa	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 Accrual Other		<u> </u>		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			Ì
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1 1		
	separate basis, consolidated basis, or both		, ,]
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	1 1		}
	consolidated basis, or both		} }		
	X Separate basis Consolidated basis Both consolidated and separate basis		} }		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u>X</u>	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi			
	Act and OMB Circular A-133?		<u>3a</u>		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audi			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	200	
			Form	990	(2019)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		Cape	<u>Elizabeth</u>	Land Trust,	Inc.			2	22-2736834
Pa	ırt I	Reason for Public	Charity Status (All organizations must c	omplete th	iis part) S	ee instructions	3.	
Γhe	organi	zation is not a private found	dation because it is	(For lines 1 through 12, o	check only	one box))		
1		A church, convention of ch	urches, or association	on of churches describe	d in section	n 170(b)(1)(A)(i).	_1	
2		A school described in sect						7_/	
3		A hospital or a cooperative					iii).	ノ (
4	$\overline{\Box}$	A medical research organiz						(iii). Enter	the hospital's name
•		city, and state.		.,,		000010	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(III). Cilio	the hospital s hame,
5		An organization operated for	or the benefit of a co	illege or university owner	d or opera	ted by a d	Overnmental u	nit describ	ned in
•				niege of aniversity owner	d or opera	ted by a g	overnmentard	THE GESCH	Jed III
_		section 170(b)(1)(A)(iv). (0	•						
6	 	A federal, state, or local go							
7	LX.	An organization that norma		intial part of its support t	rom a gov	ernmenta	l unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (C							
8	=	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t (i)				
9	Ш	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-o	grant college of agric	culture (see instructions)	Enter the	name, cit	y, and state of	the colleg	je or
		university.							
10		An organization that norma	illy receives (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	hip fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	in 33 1/3% of	ts suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ured by the or	ganization	after June 30, 1975
		See section 509(a)(2). (Coi							
11		An organization organized a		ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a		•				rry out the	purposes of one or
		more publicly supported or		•					
		lines 12a through 12d that							
а		Type I. A supporting orga							/ aivina
_		the supported organization	•	•					
		organization. You must o		- :	2	000	0.0.0 0	00 01 1110 0	,appog
b	Γ	Type II. A supporting org	•		tion with i	e eunnort	ed organizatio	n/e) hy ha	avina
U	<u> </u>	control or management o							
					ame perso	ms mai co	ontrol of mana	ge me sup	ported
_	_	organization(s) You mus	•		ın aannaa	tion with	and functional	lu intograti	ad with
С	ــــــا	Type III functionally inte	•					ly integrate	eu wiiri,
		its supported organizatio							
d	L_	Type III non-functionally							
		that is not functionally int	•	• •	-		-	an attent	iveness
		requirement (see instruct							
е	L	Check this box if the orga					a Type I, Type	II, Type III	
		functionally integrated, or		nally integrated support	ing organi	zation.			
f	Ente	r the number of supported o	organizations						
g		de the following information			(iv) is the nina	nization listed	(v) Amount of		(w) Amount of other
	(1)	Name of supported organization	(n) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the orga in your governi		(v) Amount of support (see in	•	(vi) Amount of other support (see instructions)
				above (see instructions))	Yes	No	30pport (see iii		Support (see instructions)
			1	h			ŀ		
				<u> </u>		 			
							}		
_									<u> </u>
			1						
									<u></u>
			[[<u></u>		
		4			<u> </u>				<u> </u>
oto									

Schedule A (Form 990 or 990 EZ) 2019 Cape Elizabeth Land Trust, Inc. 22-2736834 Page 2 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)

Se	ction A. Public Support		·				_
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	474,413.	329,955.	648,106.	1779013.	6285494.	9516981.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			,			
	or expended on its behalf						
3	The value of services or facilities	1	l .		!		
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	474,413.	329,955.	648,106.	1779013.	6285494.	9516981.
5	The portion of total contributions						
	by each person (other than a				1	I.	
	governmental unit or publicly					μ	
	supported organization) included	,		,	1		
	on line 1 that exceeds 2% of the]	.				
	amount shown on line 11,						
	column (f)						1315486.
	Public support. Subtract line 5 from line 4						8201495.
	ction B. Total Support					 	
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	Amounts from line 4	474,413.	329,955.	648,106.	1779013.	6285494.	9516981.
8	Gross income from interest,	ł		'			
	dividends, payments received on		}				
	securities loans, rents, royalties,	2 224	0.050	2 22 1	0 000	T 400	04 454
	and income from similar sources	3,084.	2,262.	3,837.	8,089.	7,182.	24,454.
9	Net income from unrelated business						l
	activities, whether or not the			,			ı
	business is regularly carried on						
10	Other income Do not include gain]	
	or loss from the sale of capital	111	475	107	721	0.40	0 070
	assets (Explain in Part VI)	111.	475.	107.	731.	849.	2,273.
	Total support. Add lines 7 through 10						9543708.
	Gross receipts from related activities,					12	8,763.
13	First five years. If the Form 990 is for		first, second, third	u, iourth, or iinn ta	ix year as a section	1 501(0)(3)	▶ □
Sec	organization, check this box and stop ction C. Computation of Publ		rcentage				
	Public support percentage for 2019 (I			olumn (fl)		14	85.94 %
	Public support percentage from 2018		•	oldinii (i))	Ì	15	75.82 %
	33 1/3% support test - 2019. If the co	-		line 13, and line 1	ı 14 ıs 33 1/3% or m		
IOa	stop here. The organization qualifies				. , , , , , , , , , , , , , , , , , , ,	.0.0, 000	▶ X
h	33 1/3% support test - 2018. If the o		-		line 15 is 33 1/3%	or more, check th	
~	and stop here. The organization quali	-					▶□
17a	10% -facts-and-circumstances test				13. 16a. or 16b. a	and line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					Ū	▶□
b	10% -facts-and-circumstances test	· ·	•		-	7a, and line 15 is	10% or
-	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organizatio		-				s >
						dule A (Form 990	

(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	pelow, please com	plete Part II)				
Section A. Public Support		· · · · · · · · · · · · · · · · · · ·		,		
Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
 Gifts, grants, contributions, and 						,
membership fees received. (Do not					j	
include any "unusual grants ")					<u> </u>	
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that				1		
are not an unrelated trade or bus-						
iness under section 513			L			
4 Tax revenues levied for the organ-						
ization'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	<u> </u>	 	 /	 	 	
6 Total. Add lines 1 through 5		 	 /	 	 	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)		/	 		 	
Section B. Total Support			<u> </u>	 		
Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 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)						
13 Total support (Add lines, 9, 10c, 11, and 12)		<u> </u>	<u></u>	<u> </u>	<u> </u>	
14 First five years. If the Form 990 is for	r the organization'	s first, second, thii	rd, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here						
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2019	(line 8, column (f),	divided by line 13,	column (f))		15	%
16 Public support percentage from 201	8 Schedule A, Parl	III, line 15			16	%
Section D. Computation of Inve						
17 Investment income percentage for 2			ine 13, column (f))		17	%
18 Investment income percentage from			, , , , , , , , , , , , , , , , , , , ,		18	%
19a 33 ¹ /3% support tests - 2019. If the			on line 14, and line	e 15 is more than		
more than 33 1/3%, check this box a						▶□
b 33 1/3% support tests - 2018. If the	e organization did i	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, ch						▶□
20 Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
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	edule A'(Form 990 or 990 EZ) 2019 Cape Elizabeth Land Tru		nc.	22-2736834 Page 6
L	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			n Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4_	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			}
	maintenance of property held for production of income (see instructions)	6		<u> </u>
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			<u> </u>
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% 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 035	6		
7	Recoveries of prior-year distributions	7	 	<u> </u>
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1 1		
_2	Enter 85% of line 1	2		<u> </u>
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		<u> </u>
4	Enter greater of line 2 or line 3	4	 	<u> </u>
5	Income tax imposed in prior year	5		<u> </u>
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	}]		
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting or	ganızatıon (see
	instructions)			

<u>Sche</u>	dule A (Form 990 or 990 EZ) 2019 Cape Elizabet	h Land Trust,	Inc. 2	2-2736834 Page 7
	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpose	ns		
4_	Amounts paid to acquire exempt-use assets			
5	Qualified set aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions			<u> </u>
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6		 	
10	Line 8 amount divided by line 9 amount	,		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1_	Distributable amount for 2019 from Section C, line 6			<u> </u>
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions	} 		
3	Excess distributions carryover, if any, to 2019			
_a	From 2014			
b	From 2015			
_с	From 2016			
d	From 2017			
е	From 2018		 	
f	Total of lines 3a through e		 	
g_	Applied to underdistributions of prior years			<u> </u>
<u>h</u>	Applied to 2019 distributable amount	 		
_i	Carryover from 2014 not applied (see instructions)		 	
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D,		•	
	line 7 \$			
_ a_	Applied to underdistributions of prior years			<u> </u>
	Applied to 2019 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4		 	
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions		 	
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c	 	<u> </u>	
	Breakdown of line 7			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
d	Excess from 2018		L	

e Excess from 2019

Schedule A	(Form 990 or 990 EZ) 2019 Cap	e Elizabeth	Land	Trust,	Inc.	22-2736834 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, line 1, Part IV, Section D, lines 2 Section D, lines 5, 6, and 8, and (See instructions)	n. Provide the explana 3c, 4b, 4c, 5a, 6, 9a, 9b and 3, Part IV, Section I	tions requi 5, 9c, 11a, E, lines 1c,	red by Part II, 11b, and 11c, 2a, 2b, 3a, ar	line 10, Part II, line 17a of Part IV, Section B, lines 1 ad 3b, Part V, line 1, Part V	r 17b, Part III, line 12, I and 2, Part IV, Section C, /, Section B, line 1e, Part V.
				<u> </u>		
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SCHEDULE D

(Form 990)

Department of the Treasury ternal Revenue Servic

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Cape Elizabeth Land Trust, Inc.

Employer identification number

22-2736834 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 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 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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 impermissible private benefit? 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) Preservation of land for public use (for example, recreation or education) X Preservation of a historically important land area X Protection of natural habitat Preservation of a certified historic structure X Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year 14 Total number of conservation easements 2a 407.26 Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 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 5 X Yes violations, 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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 700. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a 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 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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

		<u>izabeth La</u>					<u> 22-27</u>	36834	Page 2				
Pa	rt III Organizations Maintaining C	Collections of A	rt, Historical Ti	reasures, o	r Other	Simil	ar Asse	ts(contin	ued)				
3 `	Using the organization's acquisition, access	on, and other record	is, check any of the	following that	t make sig	ınıfıcant	use of its	•					
	collection items (check all that apply)												
a	Public exhibition	d	Loan or exc	hange progra	m								
b	Scholarly research	е	Other										
С	Preservation for future generations												
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.												
5													
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No												
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or												
	reported an amount on Form 990, Pa	rt X, line 21.											
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ns or other ass	sets not in	cluded		_					
	on Form 990, Part X?						L_	_ Yes	L No				
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table										
								Amount					
С	Beginning balance					1c							
d	Additions during the year					1d							
е	Distributions during the year					1e							
f	Ending balance					1f							
2a	Did the organization include an amount on F					/?	L	」Yes	⊢ No				
	If "Yes," explain the arrangement in Part XIII. TV Endowment Funds. Complete i												
<u> Fai</u>	Lindownient i dinds. Complete						ooro book	(a) Four	unara bank				
	Designing of week helenes	(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	years back				
1a	Beginning of year balance	69,307,	66,935,		454.		45,544.	<u> </u>	35,002,				
b	Contributions	1,300,000.	2 272		.000.		5,000.		5,000.				
Ċ	Net investment earnings, gains, and losses	25,786.	2,372,	 	481.		4,910.		5,542,				
d	Grants or scholarships							<u> </u>					
е	Other expenditures for facilities			1	ł			į					
	and programs			 									
1 ~	Administrative expenses End of year balance	1,395,093.	69,307	66	.935		55,454.		45,544,				
g	Provide the estimated percentage of the curr				, 933,		22,424,	L	45,544,				
2	Board designated or quasi-endowment	2.95	%	ajj field as									
a b	Permanent endowment > 94.98	<u>~</u> %											
٥	Term endowment ► 2.07												
·	The percentages on lines 2a, 2b, and 2c sho												
За	Are there endowment funds not in the posse		ation that are held a	ınd admınıster	ed for the	organiz	ation						
00	by	oonen er inte erganne.						[·	Yes No				
	(i) Unrelated organizations							3a(ı)	X				
	(ii) Related organizations							3a(ii)	X				
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on Schedule R?					3b	<u></u>				
4	Describe in Part XIII the intended uses of the	•											
Pai	t VI Land, Buildings, and Equipm												
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a S	See Form 990,	Part X, lir	ne 10							
	Description of property	(a) Cost or o		or other		umulate	d	(d) Book	value				
	· , , , , , , , , , , , , , , , , , , ,	basis (investr	nent) basis	(other)	depre	eciation							
1a	Land												
b	Buildings		23	1,495.		57,80	59.	173	,626.				
С	Leasehold improvements												
d	Equipment		2	0,747.		20,74	17.		0.				
е	Other												
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line	10c)				173	,626.				

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

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

	t XI Reconciliation of Revenue per Audited Financial Sta	atements With	Revenue per F	Return	<u>2/30834 Page 4</u> 1.
	Complete if the organization answered "Yes" on Form 990, Part IV, II	ne 12a		1 - 1	6 241 564
1	Total revenue, gains, and other support per audited financial statements			1-1	6,341,564.
2 a	Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments	2a	26,337.		
a h	Donated services and use of facilities	2b	19,432.	1	
c	Recoveries of prior year grants	2c	15,452.	1	
d	Other (Describe in Part XIII)	2d		1	
e	Add lines 2a through 2d	 _		2e	45,769.
3	Subtract line 2e from line 1			3	6,295,795.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		[
b	Other (Describe in Part XIII)	4b] [
С	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			5	6,295,795.
Pa	t XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, III	ne 12a		, ,	
1	Total expenses and losses per audited financial statements			1	1,450,986.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1			
а	Donated services and use of facilities	2a	19,432.	- 1	
b	Prior year adjustments	2b		1	
C	Other losses	2c		-	
d	Other (Describe in Part XIII)	2d]		1 .	10 422
e	Add lines 2a through 2d			2e	19,432. 1,431,554.
3	Subtract line 2e from line 1			3	1,431,334.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1. Investment expenses not included on Form 990, Part VIII, line 7b	اما			
a b	Other (Describe in Part XIII)	4a 4b		1 1	
C	Add lines 4a and 4b	<u> </u>		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8)		5	1,431,554.
	t XIII Supplemental Information.	*/	 		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b a	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 a	ny additional inform	ation, 		
Par	ct II, Line 5:				
<u>As</u>	a matter of policy and practice, CELT	is committ	ted to mon	ito	ring each
cor	nservation easement on an annual fiscal	year bas:	is. Such	mon:	itoring
vis	sits occur in accordance with CELT's Ea	sement Mor	nitoring P	olio	cy and
Eas	sement Enforcement Policy approved and	amended by	the Boar	<u>d, a</u>	and found
in	CELT's policy manual.				
Par	t II, line 9:				
Cor	nservation easements are included in Ot	her Assets	s on Line	<u>15 d</u>	of the
ba]	ance sheet on page 11, along with dona	ted and a	equired la	nds	for
cor	servation.				
932054	10-02-19		·	Sched	lule D (Form 990) 2019

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932054 10-02-19

Schedule D (Form 990) 2019 Cape Elizabeth Land Trust, Inc.	22-2736834 Page 5
Part XIII Supplemental Information (continued)	
Part V, line 4:	
The Endowment Fund is designated by the Board of Directors	for long-term
purposes. The income earned on the Endowment Fund will be	used to fund
the CELT's ongoing mission.	
Part X, Line 2:	
Management of CELT believes it had no material uncertain ta	x positions
and, accordingly, it will not recognize any liability for u	nrecognized tax
benefits.	
	1

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

Cape El	lizabeth Land Trus	st <u>,</u> I	nc.		22-2736	834
Part I Fundraising Activities required to complete this pa	3. Complete if the organization ans	wered "Y	'es" o	n Form 990, Part IV,	line 17 Form 990-E2	I filers are not
Indicate whether the organization rai X Mail solicitations X Internet and email solicitation	sed funds through any of the follo e X Solic	itation of	non-g	Check all that apply overnment grants ment grants		
c X Phone solicitations d X In-person solicitations	g X Spec		-	-		
 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the 10 highest paid indi 	Part VII) or entity in connection with	h profess	ional 1	fundraising services?	X Yes	
compensated at least \$5,000 by the			<u></u>			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Demont & Associates - 477		Yes	No			
Congress Street, 5th Floor,	Capital Campaign		Х_	1,620,492,	104,000,	1,516,492.
			·			
		-				
					,	<u> </u>
		-				
		-				,
Total			>	1,620,492,	104,000,	1,516,492.
3 List all states in which the organization or licensing	on is registered or licensed to solid	cit contrib	utions	s or has been notified	l it is exempt from re	egistration
					 	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. See Part IV for continuations

Schedule G (Form 990 or 990-EZ) 2019

	edu art	tle G (Form 990 or 990 EZ) 2019 Cape El II Fundraising Events. Complete if the				-2736834 Page 2
ت	•	of fundraising event contributions and gr				
_			(a) Event #1	(b) Event #2	(c) Other events	T
			Wet Paint		None	(d) Total events
			Auction	Other	110110	(add col (a) through
]		(event type)	(event type)	(total number)	col (c))
Ę			(**************************************	(**************************************	(1000)	
Revenue	1	Gross receipts	137,784.	3,600.		141,384.
	2	Less Contributions	73,114.	3,600.	·	76,714.
	3	Gross income (line 1 minus line 2)	64,670.			64,670.
_	Ť	GIOGO INCOMO (IIIIO I MINICO IIIIO 2)	0.1070.	<u> </u>		04,070.
	4	Cash prizes				
S	5	Noncash prizes				
kpense	6	Rent/facility costs			<u> </u>	
Direct Expenses	7	Food and beverages				
	١	Entertainment	}	i		1
	8		64,670.			64,670.
	9	Other direct expenses		L	·	64,670.
	10	,				0.
D	rt l	Net income summary Subtract line 10 from line. Gaming. Complete if the organization		200 Part IV line 10 or	reported more than	<u> </u>
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1330,1 art 14, mie 13, 01	reported more than	
	-	\$15,000 011 0111 330 EZ, inc 6a.	 	(b) Pull tabs/instant		(d) Total gaming (add
ē	l		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col (c))
Revenue				1	 	1
æ	١.	0				
	1	Gross revenue	 	 		
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs			<u> </u>	
	_	Other direct expenses				
	5	Other direct expenses	Yes %	Yes %	Yes %	
		Volunteer labor	No Yes	No No	No No	
	6	Volunteer labor	[L NO	ILINU	140	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	<u> </u>
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		> _	<u> </u>
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a				Yes No
b	If "	No," explain				
						
				_ 		
		ere any of the organization's gaming licenses re				Yes No
b	If "	Yes," explain				
						
						
9320	82 09	9-11-19	· · · · · · · · · · · · · · · · · · ·		Schedule G (Fo	rm 990 or 990-EZ) 2019

Sch	nedule G (Form 990 or 990 EZ) 2019 Cape Elizabeth Land Trust, Inc. 22	<u>-2736834</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	'Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
	Indicate the percentage of gaming activity conducted in	1 1	
	a The organization's facility	13a	%
	h An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address ►		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
b	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
C	c If "Yes," enter name and address of the third party		
	Name		
	Address ▶		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions.		
	a is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and I 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lines 9,	9b, 10b,
_	had to de Dook I they Oh they of Mon Winhort Doid Bundweige		
<u>Sc</u>	hedule G, Part I, Line 2b, List of Ten Highest Paid Fundraise	rs:	
		 -	
<u>(i</u>) Name of Fundraiser: Demont & Associates		
<u>(i</u>) Address of Fundraiser:		
<u>47</u>	7 Congress Street, 5th Floor, Portland, ME 04101		

Schedule C	€ (Form 990 or 990-EZ)	Cape	<u>Elizabeth</u>	Land Trust,	Inc.	22-2736834	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)				
•							
							
						 	
							
				·····			
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						•	
			 				
					 		
							
							
							
		<u> </u>					
			 				
	· · · · · · · · · · · · · · · · · · ·						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Cape Elizabeth Land Trust, Inc.

Employer identification number 22-2736834

Pa	rt i Types of Property							
		(a)	(b)	(c)	(d			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of d			_
		applicable		Form 990, Part VIII, line 1	noncash contrib	ution ar	nount	S
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	X	1	1,050,000	.Appraisal			
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (<u>Miscellaneous</u>)	X	8	10,385	.FMV			
26	Other • ()							
27	Other • ()			<u> </u>				
28	Other ► (l	 	<u>_l</u>			
29	Number of Forms 8283 received by the organiz		•	, ,				
	for which the organization completed Form 828	33, Part IV, [Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive by					1		ļ
	must hold for at least three years from the date	of the initia	il contribution, and	which isn't required to be	used for	[- [
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II						-	
31	Does the organization have a gift acceptance p					31		_X_
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell nonca	sh			l _
	contributions?					32a		X
b	If "Yes," describe in Part II		•				{	
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	y for which column (a) is c	hecked,			
	describe in Part II							

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

Schedule M (Form 990) 2019

Schedule IV	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33.	<u> </u>	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information	and whether the organiza ination of both Also comp	tion plete
		 	
			· ···

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

932211 09-06-19

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

Open to Public Inspection

Name of the organization

Cape Elizabeth Land Trust, Inc.

Employer identification number 22-2736834

Form 990, Part I, Line 1, Description of Organization Mission:				
easements located in Cape Elizabeth, Maine.				
Form 990, Part VI, Section A, line 4:				
1) All officer and committee chair positions now run for one year, starting				
on the first day of the fiscal year, October 1st. Changes are no longer				
tied to the Annual Meeting.				
2) Both officers and directors can now be removed by a 2/3 vote of the				
entire Board.				
3) Committee chairs must be Board members, but co-chairs no longer have to				
be.				
4) The Annual Meeting can be held by videoconference "in exceptional				
circumstances."				
5) Members must be present to vote at the Annual Meeting. The Bylaws no				
longer allow for proxy voting.				
6) Each Membership entitles the household to one vote.				
7) Notice of the Annual Meeting must be sent at least 10 days before the				
Annual Meeting, and can be sent electronically.				
8) The Board now elects officers and committee chairs prior to the start of				
each fiscal year. That no longer has to happen at the Annual Meeting.				
9) The Board can act by written consent (including by email) of not less				
than 75% of the total number of Board members.				
Form 990, Part VI, Section A, line 6:				
Donors that make a contribution of cash or in-kind in an amount specified				
by the board shall become members of the corporation and thus are entitled LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)				

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization Cape Elizabeth Land Trust, Inc.	Employer identification number
to vote in electing the Board of Directors.	
Form 990, Part VI, Section A, line 7a:	
The directors are elected by the members at the annual	meeting.
Form 990, Part VI, Section B, line 11b:	
The Finance Committee reviews the Form 990 and required	d schedules in detail
prior to filing.	
Form 990, Part VI, Section B, Line 12c:	
The Governance Committee Chair distributed the policy t	to the Board and
Committee members. These members review the policy, 1	ist any conflicts,
sign and return the policy to the Governance Committee	Chair for review and
filing.	
Form 990, Part VI, Section B, Line 15:	
The compensation of the Executive Director is determine	
Executive Committee.	
Form 990, Part VI, Section C, Line 19:	
The organization's governing documents, conflict of int	terest policy, and
financial statements are available to the public upon	request at our
office.	
Form 990, Part XII, line 2c:	
The process of audit oversight has not changed from the	e previous year.