Form **990**(Rev January 2020)

Department of the Treasury Internal Revenue Service (C&F) 299

BAA For Paperwork Reduction Act Notice, see the separate instructions.

RECEIVED IN CORRES IRS - OSC - 01

DEC 17 2020

OMB No 1545-0047

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (excep and total total A

2019

► 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.
tax year beginning , 2019, and ending

Open to Public Inspection

Ā	For the	e 2019 calen	dar year, or tax	year begir	nning		, 2019	, and ending						
В	Check if	applicable	С						D	mployer identi	fication number			
	Add	lress change	THE BARN	GROUP I	AND TRUS	ST INC			46-5570320					
	X Nan	ne change	566 BANKS						Εī	elephone numb	per			
	Initia	al return	BROOKS, G	A 30205	5					256 339-3495				
	Final	return/terminated												
	Н	ended return							l G d	Gross receipts	\$ 3,954,785	5.		
	\vdash	dication pending	F Name and addr	ress of principa	al officer Cas	++ C=++	h				- 177	No		
			Same As C		300	tt Smit	.11		Are all subor	dinates included	Y Yes	No		
$\overline{}$	Tay-ex	xempt status	X 501(c)(3)	501(c) () ◄ (ır	nsert no.)	4947(a)(1) c	1 327	/ If "No," attac	h a list (see ins	structions)			
<u>.</u>			w.thebarno			10011 110.7	1017(0)(170		(c) Group exemp	tion number >				
<u>K</u>		of organization	X Corporation	Trust	Association	Other >	i i	Year of formatio	 	M State of Is		—		
	art I			irust	Association	Other	18-	Teal of formatio	1 2013	IVI State of it	egal connene GA	—		
F	1 1	Summar	y be the organiza	tion's miss	ion or most s	cianificant :	activities à		1. 0			—		
		Jilelly descri	be the organiza				S. S.	ee Schea	ure_0					
9	-		 _											
Ē	-							-						
Ϋ́	2 0	Check this bo	ox ► Lifthe	organizatio	n discontinu	ed its opera	ations or dis	posed of mor	e than 25% o	f its net as:	- -	- -		
පි	3 1		oting members							3		8		
∘ ĕ	4 1		dependent votir					ne 1b)		4		8 5 6		
<u>ië</u>	5 7		of individuals e		_	ear 2019 (P	art V, line 2	a)		5		6		
Activities & Governance	6 7		of volunteers (6		0		
¥			ed business rev							7a		<u>0.</u>		
	ь	Net unrelated	business taxat	ole income	from Form 9	90-1, line 3	39		· · · · · · ·	7b		0.		
	١				11.				Prior '	Year 37,500.	Current Year	_		
<u>o</u>											3,755,07			
Revenue		•	rice revenue (Pa			8,921.	198,70							
ě			come (Part VIII				53.	1,00	<u> 5.</u>					
ш.			e (Part VIII, col					lino 12)	1 41	3,743.	3,954,78	_		
_			- add lines 8					1116 12)	1,41	0,217.	3,334,10	<u>J.</u>		
			imilar amounts			—								
										0 470				
S	15 5					.8,478.	527,80	<u> </u>						
Expenses	16a ⊦	rofessional	fundraising fees	s (Part IX,	column (A), I	line IIe)						 -		
ğ	∣ь⊺	Total fundrais	sing expenses (Part IX, column (D), line 25) ► 52,802.									ا		
ш	17 (Other expens	es (Part IX, col	umn (A), lı	nes 11a-11d,	, 11f-24e)			22	9,864.	1,128,47	<u>9.</u>		
	18 7	Total expense	es. Add lines 13	3-17 (must	equal Part IX	(, column (A), line 25)		34	18,342.	1,656,28	4.		
	19 F	Revenue less	expenses. Sub	tract line 1	18 from line 1	12			1,06	1,875.	2,298,50	<u>1.</u>		
8									Beginning of (Current Year	End of Year			
e i	20 7	Total assets ((Part X, line 16)	1					1,22	27,855.	3,643,65			
¥.6	21 7	Total liabilitie	s (Part X, line 2	26)					16	5,980.	283,27	8.		
2		Net assets or	fund balances.	Subtract I	ine 21 from I	ine 20			1,06	31,875.	3,360,37	6.		
Pa	rt II ·	Signatur	e Błóck									_		
_		es of perjury, I de	eclare that I have exa	mined this ret	urn, including acc	companying sch	nedules and state	ements, and to th	e best of my know	vledge and belie	ef, it is true, correct, and	_		
com	plete Dec	claration of prepa	ger (other than office	r) is based on	all information of	f which prepare	er has any knowl	edge						
			401x		•				11/	24/202	2			
Sig	gn	Sighatu	re of officer						Date	7				
He	re		tt Smith						Chairman	n				
		Type or	print name and title											
		Print/Type p	reparer's name		Preparer's sign	nature		Date	Chec	k XI if	PTIN			
Pa	id	Josh Simpson Josh Simpson							self-e	mployed	P01985672			
	epare			Simpso	n & Simp	son Acc	ounting	, LLC						
Us	e Onl	y Firm's addre			Trail Su				Firm's	s EIN ► 81-	-4431975			
	•				A 30188				Phon		-353-3296			
Ma	v the IF	25 discuss th	us return with th			e? (see ins	tructions)		1		X Yes No	_		

Form **990** (2019)

TEEA0101L 01/21/20

		and conserves land, water, wild	Tire and other ne	
	resources in the United St	ates. 		
2		program services during the year which were not list	ed on the prior	
	Form 990 or 990-EZ? If "Yes," describe these new services on Sche	dulo O	L	Yes X No
3		naule 0. make significant changes in how it conducts, any	program services?	Yes X No
	If "Yes," describe these changes on Schedule) · · · · · · · · · · · · · · · · · · ·
4	Describe the organization's program service Section 501(c)(3) and 501(c)(4) organization and revenue, if any, for each program service services are services and revenue, if any, for each program services are services and revenue.	e accomplishments for each of its three largest pons are required to report the amount of grants a rice reported	rogram services, as measund allocations to others, the	red by expenses. e total expenses,
4 a		361,441. including grants of \$) (Revenue \$	3,905,285.)
		(TBGLT) suports and utilizes la tigation Banks and fee-simple l		hrough BGLT also
		e terms of the conservation eas		
	all lands no less than once			
				
4 b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
				-
				
				•
				-
				-
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
			-	
				- -
				-
4 d	Other program services (Describe on Scher		tovonuo ¢	
4 e	(Expenses \$ in Total program service expenses ►	cluding grants of \$) (R	tevenue \$	
BAA	· F 2 2	TEEA0102L 07/31/19		Form 990 (2019)

AB DOMR

		46-55/0320		age 3
Pai	rt IV Checklist of Required Schedules		Yes	No.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' of Schedule A	complete 1	X	NO
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 candidate for public office? If 'Yes,' complete Schedule C, Part I	ates 3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h in effect during the tax year? If 'Yes,' complete Schedule C, Part II	i) election 4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, I	, Part III 5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedu Part I	right ule D,		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 'Ye complete Schedule D, Part III	es,' 8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custod for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	ian 9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, or X as applicable	. IX,		
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete School, Part VI	edule 11 a	Х	
١	b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	s total		Х
•	c Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of it assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	ts total		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 report in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	rted 11 c		X
(e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D,	Part X 11 e		Х
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that address the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule	ses D, Part X 11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
ļ	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' a if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	and 12 b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X_
ı	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 va at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	alued 14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance t foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	o or for any		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	e to 16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part Ecolumn (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	X, 17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VII lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes, complete Schedule G, Part III	, 19		x
20 a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
ŧ	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		x_

Forr	n 990 (2019) THE BARN GROUP LAND TRUST INC 46-55703	20	F	age
Pa	Checklist of Required Schedules (continued)			
,			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	х	
	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		х
١	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
•	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		ļ
25 a	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		x
ļ	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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
	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 'Yes,' complete Schedule L, Part IV	28a		х
ı	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
•	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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X.	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	!	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part 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	X ·	
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
1	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		
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? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note: All Form 990 filers are required to complete Schedule O Note: All Form 990 filers are required to complete Schedule O Table Schedule O Table Schedule O Table Schedule O Table Schedule O	38	х	

?ärtiV Statemen	nts Regarding	y 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	1 a	4		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable gaming			
(gambling) winnings to prize winners?		1 c	X	

Par	τν	Statements Regarding Other IRS Filings and Tax Compliance (Co.	ntinuea)			
					Yes	No
2 a	Enter th	ie number of employees reported on Form W-3, Transmittal of Wage and Tax State- filed for the calendar year ending with or within the year covered by this return	2 a 6			
ŧ		st one is reported on line 2a, did the organization file all required federal employmen		2 b	Х	
	Note: If	the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	structions)			
3 a	Did the	organization have unrelated business gross income of \$1,000 or more during the yea	r ^γ	3 a		X
Ł	o If 'Yes,' h	as it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O		3 b		
4 a	At any ti financia	me during the calendar year, did the organization have an interest in, or a signature or othe I account in a foreign country (such as a bank account, securities account, or other fi	er authority over, a mancial account)?	4 a		Х
Ŀ		enter the name of the foreign country▶				
_		ructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	, .			
		e organization a party to a prohibited tax shelter transaction at any time during the tax	-	5 a	-	X
	•	taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5 b		
•	; if fes,	to line 5a or 5b, did the organization file Form 8886-T?		_5 c	<u> </u>	<u> </u>
	solicit a	e organization have annual gross receipts that are normally greater than \$100,000, a ny contributions that were not tax deductible as charitable contributions?		6 a		Х
_	not tax	did the organization include with every solicitation an express statement that such contributi deductible?	ons or gifts were	6 b		
7	-	ations that may receive deductible contributions under section 170(c).				}
	services	organization receive a payment in excess of \$75 made partly as a contribution and p provided to the payor?	artly for goods and	7 a		Х
	-	did the organization notify the donor of the value of the goods or services provided?		7 b		L
	Form 82	i	,	7 c		х
	•	Indicate the number of Forms 8282 filed during the year	7d	_	 _	17
		organization receive any funds, directly or indirectly, to pay premiums on a personal	l l	7 e	 _	X
		organization, during the year, pay premiums, directly or indirectly, on a personal ben	ŀ	7 f	 	Х
-	as requi			7 g		
_	Form 10		-	7 h		
8	•	ing organizations maintaining donor advised funds. Did a donor advised fund maintained ation have excess business holdings at any time during the year?	by the sponsoring	8		
۵	-	ring organizations maintaining donor advised funds.		Ů		ļ .
	-	sponsoring organization make any taxable distributions under section 4966?		9 a		-
		sponsoring organization make a distribution to a donor, donor advisor, or related per	son?	9 b	$\overline{}$	
		501(c)(7) organizations, Enter				
		n fees and capital contributions included on Part VIII, line 12	10a			
		eceipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ь			
11	Section	501(c)(12) organizations. Enter.				
а	_	come from members or shareholders	11 a			
	agaınst	come from other sources (Do not net amounts due or paid to other sources amounts due or received from them.)	116			
		4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12 a		
		<u> </u>	12b		į l	
		501(c)(29) qualified nonprofit health insurance issuers.				
а		ganization licensed to issue qualified health plans in more than one state?	_	13 a		
		ee the instructions for additional information the organization must report on Scheduli	e O.			
	which th	e amount of reserves the organization is required to maintain by the states in e organization is licensed to issue qualified health plans	136			
_		e amount of reserves on hand	13c	14-		X
		organization receive any payments for indoor tanning services during the tax year?	Sahadula C	14a		
	•	has it filed a Form 720 to report these payments? If 'No,' provide an explanation on	-	14 b		_
15	excess p	rganization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in parachute payment(s) during the year? see instructions and file Form 4720, Schedule N	remuneration or	15		Х
16	-	ganization an educational institution subject to the section 4968 excise tax on net inv	estment income?	16		X
		complete Form 4720, Schedule O.				
BAA		TEEA0105L 07/31/19		Form	990 ((2019)

Form 990 (2019) THE BARN GROUP LAND TRUST INC 46-5570320 Page 6 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 8 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 1 ь 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 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents 4 Х since the prior Form 990 was filed? $\overline{\mathbf{x}}$ 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 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8 h 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a X 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? X 11 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 **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х Schedule O how this was done See Schedule Q 12 c Х 13 Did the organization have a written whistleblower policy? 13 14 X 14 Did the organization have a written document retention and destruction policy? 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? X a The organization's CEO, Executive Director, or top management official See Schedule 0 15 a b Other officers or key employees of the organization 15 b 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 16 a X taxable entity during the year? 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 16 b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ GA NV Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website | Upon request Other (explain on Schedule O) See Sch. O 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year See Schedule O 20 State the name, address, and telephone number of the person who possesses the organization's books and records

_						
Form 990 (2019)	THE	BARN	GROUP	T.AND	TRUST	TNC

46-5570320

Page 7

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

- 1 a 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.

Check this box if neither the organization nor any relat	ed organız	ation	cor	nper	nsate	ed an	у си	irrent officer, direct	or, or trustee	
				(C))					
(A) Name and title	(B) Average hours per	15	s both dir	n an c rector	officei /trust	eck moss ss pers and a ee)	1	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Scott Smith	50									
Chairman	0 -	X		X_				154,600.	0.	0.
(2) Thomas Krebs	40									
COO	0	x		Х				129,707.	0.	0.
(3) Thomas Bates	40							-		
Treasurer	0] X		Х				59,065.	0.	0.
(4) Dr Dustin Walton	_111									
Director	0	X						0.	0.	0.
(5) Valerie Howard	1									
Director	0	X						0.	0.	0.
(6) Vondell Brown	1_									
Director	0	X						0.	0.	0.
	2									
Secretary	0			Х				0.	0.	0.
(8) Matthew Gates	1]						İ		
Director	0			Х				0.	0.	0.
(10)										7
(11)										
(12)										
(13)									-	
(14)										

(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	(do box	not cl , unle:	Pos heck ss pe	ition more erson directo	than (is both or/trust	one n an lee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estin comp the	(F) nated am of other ensation organiza nd relate panization	nount from tion
(15)										-		
(16)												
(17)		-								-	_	
(18)					_	_						
(19)						-				 -	_	
(20)												-
(21)					_					-		
(22)					1					 		
(23)			\uparrow								_	
(24)			+			_	-		-			
(25)										 		
1 b Subtotal		└					→	343,372.	0.			0.
c Total from continuation sheets to Part VII, Se	ction A					1	•	0.	0.			0.
d Total (add lines 1b and 1c)							<u> </u>	343,372.	0.			0.
2 Total number of individuals (including but not limited from the organization ► 2	ted to those I	sted	abov	e) w	vho r	eceiv	ed I	more than \$100,00	0 of reportable com	pensatio	n	
											Yes	No
3 Did the organization list any former officer, did on line 1a? If 'Yes,' complete Schedule J for s	ector, truste uch ındıvıdu	e, ke al	y en	olqn	yee,	or h	nigh	est compensated	employee	3		X
4 For any individual listed on line 1a, is the sum the organization and related organizations gre such individual	of reportab ater than \$1	le cor 50,00	nper)0? /	nsat If 'Y	ion es,	and o	othe plet	er compensation t te Schedule J for	from	4	X	
5 Did any person listed on line 1a receive or according services rendered to the organization? If ')	rue compen es.' comple	satioi te Sc	n fro	m a ule .	any ι <i>J for</i>	unrel: suct	ated	d organization or erson	ındıvıdual	5		X
Section B. Independent Contractors											<u> </u>	
Complete this table for your five highest comp compensation from the organization. Report comp	ensated inde ensation for	epend the ca	dent alend	con lar y	trac ear	tors i	that ig w	t received more that with or within the org	nan \$100,000 of ganization's tax yea	ır		
(A) Name and business a	ddress							(B) Description o		Compe	C) ensatio	on
							\dashv					
	·						\dashv					
Total number of independent contractors (includin \$100,000 of compensation from the organization)	_	ted to	thos	se lis	sted	abov	e) v	who received more	than			
PAA		TEEAO						-			990	

i ai	Check if Schedule O contains a response or note to an	v line in this Part VI	IL		П
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a Federated campaigns 1 a	-			
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues 1 b				
A A	c Fundraising events 1 c	}	}		
a G	d Related organizations 1 d		ľ		
ξĒ	e Government grants (contributions) 1 e				
ar G	f All other contributions, gifts, grants, and similar amounts not included above 1f 3,755,078.				
혈	g Noncash contributions included in				
E DE	Innes 1a-1f 1g 1,712,825.				
	h Total. Add lines 1a-1f Business Code	3,755,078.			
Program Service Revenue	l	102 702	102 702		
Š	2a Baseline Reviews 541900	183,702.	183,702.		
Se H	b Event Revenue 110000	15,000.	15,000.		
ķķ	d	_		 _	
Ø.	<u> </u>				
ïa	f All other program service revenue				
Š	q Total. Add lines 2a-2f ▶	198,702.			
	Investment income (including dividends, interest, and	150,702.			
	other similar amounts)	1,005.	1,005.		
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties				<u> </u>
	(i) Real (ii) Personat				
	6a Gross rents 6a				[
	b Less rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets				
	other than inventory 7a				
	b Less cost or other basis and sales expenses 7b				
	c Gain or (loss). 7c	i			
	d Net gain or (loss) ►			_	
Other Revenue	8 a Gross income from fundraising events (not including \$				
ķ	of contributions reported on line 1c)				
Se Se	See Part IV, line 18 8a				
ē	b Less. direct expenses 8b				}
8	c Net income or (loss) from fundraising events				
-	9 a Gross income from gaming activities				
	See Part IV, line 19				
	b Less: direct expenses 9b				
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less	!			
	returns and allowances 10 a				
	b Less cost of goods sold 10b	i			
	c Net income or (loss) from sales of inventory Business Code				
Miscellaneous Revenue	110 National Day Balance				
scellaned Revenue	11a Net Assets -Beg Balance				
	c -				
% &	d All other revenue				
Ξ	e Total. Add lines 11a-11d				1
	12 Total revenue. See instructions	3,954,785.	199,707.	0.	0.
BAA	TEEA	0109L 07/31/19			Form 990 (2019)

6 Compensation not included above to disqualified persons (as defined under section 4958(n(1)) and persons described in section 4958(n(1)) and persons des	Sèc	tion 501(c)(3) and 501(c)(4) organizations must con			omplete column (A)	
Total expenses Program service Program ser		Check if Schedule O contains a r	<u></u>	Ine in this Part IX		X
organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to forements, and foregrants and other assistance to foregrants and the properties of the properties o			(A) Total expenses	Program service	Management and	Fundraising
Individuals. See Part IV, line 22	1	organizations and domestic governments	-			
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 leaves and key employees and section 4958(c)(3)(8) and 493(c)(3)(8) leaves and key employees and section 4958(c)(3)(8) leaves and key employees and section 4958(c)(3)(8) leaves and key employees and section 4958(c)(3)(8) leaves and section 4958(c)(4) leaves and secti	2	Grants and other assistance to domestic individuals. See Part IV, line 22				
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(3)(8) 7 Other salaries and wages 8 Pension plan accruais and contributions (include section 401(k) and 403(t)) 9 Other employee benefits 10 Payroli taxes 11 Person for services (nonemployees): 12 Amanagement 13 Legal 14 Legal 14 Legal 14 Legal 15 Investment management fees 19 Other, (if the 11g amount exceeds 10% of line 25, column (A) amount, list the 11g expenses on Schedule 0) 12 Advertising and promotion 15 Office expenses 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments of affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses and schedule (C) 25 Jo Supplies 26 Octupa (A) amount, list line 12e expenses on Schedule (C) 27 Ag Jo Supplies 28 Jo Supplies 29 List in 24e amount exceeds 10% of line 25, column (A) amount, list line 12e expenses on Schedule (C) 25 Jo Supplies 26 Other expenses Itemize expenses and schedule (C) 27 Ag Jo Supplies 28 List 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule (C) 31 Jo Supplies 32 Jo Supplies 33 Jo Supplies 343,372. 343,372. 343,372. 343,372. 343,372. 343,372. 343,372. 343,372. 343,372. 343,372. 343,372. 343,372. 343,372. 343,372. 343,372. 343,372. 344,372. 344,372. 344,374,375. 344,375,375. 344,1124. 341,	3	organizations, foreign governments, and for-		_		
trustees, and key employees 6	4					
6 Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(1) and persons described in section 4958(r) and persons described in section 4958(r) and persons descri	5		242 272		2/2 272	0.
disqualified persons (as defined under section 4958(n(1)) and persons described in section 4958(n(3)(B) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	6	Compensation not included above to	343,372.		343,312.	
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 12,353. 22,353. 10 Payroll taxes 29,281. 29,281. 11 Fees for services (nonemployees): a Management b Legal 41,124. 41,124. c Accounting d Lobbying e Piofessional fundrasing services. See Part IV, line I7 f Investment management fees g Other, (if line I1g amount exceeds 10% of line 25, column (A) amount, list line I1g expenses on Schedule 0) 12 Advertising and promotion 52, 802. 52, 802. 13 Office expenses 132,576. 32,576. 14 Information technology 22,294. 22,294. 15 Royalties 7 17 Travel 144,111. 1444,111. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conterences, conventions, and meetings 20 Interest 6,623. 6,623. 21 Payments to affiliates 5,05,530. 50,530. 256,733. 256,733. 256,733. 256,733. 50,530.	J	disqualified persons (as defined under	0	0	0	0.
Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7	-				
10 Payroll taxes 29,281. 29,281. 29,281. 29,281. 29,281. 29,281. 29,281.	8	(include section 401(k) and 403(b)	132,733.			
10 Payroll taxes 29,281. 29,281. 29,281.	9	Other employee benefits	22,353.		22,353.	
a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) 12 Advertising and promotion 13 Office expenses 13 Office expenses 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 10 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.) 18 Jupp Lies 10 Other expenses Itemize expenses not covered above (List miscellaneous expenses on Schedule O.) 18 Jupp Lies 19 Contractors 10 Other expenses Itemize expenses not covered above (List miscellaneous expenses on Schedule O.) 19 Jupp Lies 136, 820. 136, 820. 136, 820. 136, 820.		- <u>-</u>				
b Legal c Accounting d Lobbying e Professional fundiations services See Part IV, line 17 f Investment management fees g Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion 52, 802. Advertising and promotion 62, 802	11	Fees for services (nonemployees):		-		
c Accounting d Lobbying e Professional fundrasing services See Part IV, line 17 f Investment management fees g Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) 2 Advertising and promotion 52, 802. 32, 576. 32, 57		Management				
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (If line 1)g amount exceeds 10% of line 25, column (A) amount, list line 1)g expenses on Schedule 0) Advertising and promotion 52, 802. 32, 576. 32, 576. 32, 576. 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 10 Payments to affiliates 10 Payments to affiliates 10 Depreciation, depletion, and amortization 10 Insurance 11 Insurance 12 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e, if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Job Supplies 136,820. 136,820. 136,820. 136,732.			41,124.		41,124.	
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) 12 Advertising and promotion 52, 802. 52, 802. 13 Office expenses 32, 576. 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings linterest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount, list line 24e expenses on of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Job Supplies 52, 802. 52, 802. 52, 802. 52, 802. 52, 802. 52, 802. 52, 802. 53, 802. 54, 802. 54, 803. 55, 803. 56, 803. 57,		_				
f Investment management fees g Other. (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) 12 Advertising and promotion 13 Office expenses 13 2, 576. 14 Information technology 15 Royalites 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 20 Interest 21 Depreciation, depletion, and amortization 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount, list line 24e expenses on of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Job Supplies 136,820. 136,820. 136,820. 152,802. 152,802. 14 144,111. 144,111. 144,111. 144,111. 144,111. 144,111. 154,111. 154,111. 154,111. 155,802. 150,530. 150,530. 150,530.		, ,				
Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) 22		· L				
(A) amount, list line 11g expenses on Schedule 0) Advertising and promotion 52,802. 52,80 13 Office expenses 32,576. 32,576. 14 Information technology 22,294. 22,294. 15 Royalties 0		Ţ.				
12 Advertising and promotion 52,802. 52,80 13 Office expenses 32,576. 32,576. 14 Information technology 22,294. 22,294. 15 Royalties 0 Occupancy 1 17 Travel 144,111. 144,111. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1 19 Conferences, conventions, and meetings 6,623. 6,623. 21 Payments to affiliates 256,733. 256,733. 22 Depreciation, depletion, and amortization 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. 50,530. 50,530. 136,820. 136,820. 136,820. 136,820. 136,712. 76,712. 76,712.	٠	(A) amount, list line 11g expenses on Schedule 0)				
Information technology 22,294. 22,294.	12		52,802.			52,802.
15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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.) 2	13	Office expenses	32,576.		32,576.	
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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.) 2	14	<u></u>	22,294.		22,294.	
17 Travel 144,111. 144,111. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 6,623. 6,623. 20 Interest 6,623. 6,623. 22 Depreciation, depletion, and amortization 256,733. 256,733. 23 Insurance 50,530. 50,530. 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.) 136,820. 136,820. a Job Supplies 76,712. 76,712. 76,712.	15	<u>-</u>				
Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 6, 623. 6, 623. 21 Payments to affiliates 22 Depreciation, depletion, and amortization 25 Insurance 256, 733. 256, 733. 26 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.) 2 Job Supplies 136, 820. 136, 820. 2 Depreciation, depletion, and amortization 256, 733. 256, 73		· · ·				
expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 6, 623. 6, 623. 21 Payments to affiliates 22 Depreciation, depletion, and amortization 256, 733. 256, 733. 23 Insurance 50, 530. 50, 530. 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.) a Job Supplies 136, 820. 136, 820. 56, 712.		<u> </u>	144,111.		144,111.	
20 Interest 6,623. 6,623. 21 Payments to affiliates 256,733. 256,733. 22 Depreciation, depletion, and amortization 256,733. 256,733. 23 Insurance 50,530. 50,530. 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.) 3 Job Supplies 136,820. 136,820. a Job Supplies 76,712. 76,712. 76,712.	18	expenses for any federal, state, or local		,		
21 Payments to affiliates 256,733. 256,733. 22 Depreciation, depletion, and amortization 256,733. 256,733. 23 Insurance 50,530. 50,530. 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.) 3 Job Supplies 136,820. 256,733. 136,820. 136,820. 256,733. 136,820. 136,820. 256,733. 136,820. 136,820. 256,733. 136,820. 136,820. 256,733. 136,820. 136,820. 256,733. 136,820. 136,820. 256,733. 136,820. 136,820. 256,733. 136,820. 136,820. 256,733. 136,820. 136,820. 256,733. 136,820. 136,820. 256,733. 136,820. 136,820. 256,733. 136,820. 136,820. 256,733. 136,820. 136,820. 256,733. 136,820. 136,820. 256,733. 136,820. 136,820. 256,733. 136,820.		Conferences, conventions, and meetings				
22 Depreciation, depletion, and amortization 256,733. 256,733. 23 Insurance 50,530. 50,530. 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.) 3 Job Supplies 136,820. 136,820. a Job Supplies 76,712. 76,712.	20	Interest	6,623.		6,623.	
Insurance 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.) Job Supplies 136,820. 136,820. 136,712. 76,712.	21	, , , , , , , , , , , , , , , , , , ,				
Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Job Supplies 136,820. 136,820. b Contractors 76,712. 76,712.		-				
covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.). a Job Supplies 136,820. 136,820. b Contractors 76,712. 76,712.			50,530.		50,530.	
a Job Supplies 136,820. 136,820. b Contractors 76,712. 76,712.	24	covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
b <u>Contractors</u> 76,712. 76,712.	,	` ´ ´	136 920	136 920		
Victor Program Expenses /5.16/1 /5.16/1		Other Program Expenses	75,162.	75,162.		
d Car & Truck 49,787. 49,787. 49,787.				75,102.	49.787.	
e All other expenses See Sch. 0 183,205. 72,747. 110,458.	6	All other expenses See Sch. Q		72,747.		
						52,802.
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check liere Int following SOP 98-2 (ASC 958-720)	26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	ВАА	301 30-2 (130 330-720)	TEE A01101 07/	31/10		Form 990 (2019)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 1,179,866. Cash - non;interest-bearing 821,956 2 Savings and temporary cash investments 3 Pledges and grants receivable, net Accounts receivable, net 23,608 4 8,914. Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . 10 a 2,692,442 b Less accumulated depreciation 10 b 382,291 10 c 2,424,873 267,569 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 30,001. Other assets See Part IV, line 11 1,227,855. 16 3,643,654. Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses 27,273 17 17 88,591 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilitie 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 138,707 194,687. 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 26 165,980 283,278. Organizations that follow FASB ASC 958, check here X Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 1,061,875 27 3,360,376. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. þ 29 Capital stock or trust principal, or current funds Assets 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 1,061,875. 32 3,360,376. 33 Total liabilities and net assets/fund balances 1,227,855. 33 3,643,654.

TEEA0111L 07/31/19

		-5570320		Pa	ge 12
Pai	rt XI ` Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,9	54,7	785.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,6	56,2	284.
3	Revenue less expenses. Subtract line 2 from line 1	3		_	501.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,0	61,8	375.
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, column (B))	10	3,3	60,3	376.
Pai	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 a	a 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 review separate basis, consolidated basis, or both	ed on a			
	Separate basis Consolidated basis Both consolidated and separate basis		┝─┤		!
ŀ	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 separ- basis, consolidated basis, or both	ate			
	Separate basis Consolidated basis Both consolidated and separate 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		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O				
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
Ŀ	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	TEEA0112L 01/21/20		Form	990 (2019)

RECEIVED IN CORRES

IRS - OSC - 01

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.

OGDEN. UTAH ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number THE BARN GROUP LAND TRUST INC 46-5570320 Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (III) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (ii) EIN (IV) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) Yes (A) **(B)** (C) (D) (E)

Total

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

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

Sec	tion A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')	38,000.	49,425.	175,000.	1,337,500.	3,755,0	078.	5,355,003.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0.
4	Total. Add lines 1 through 3	38,000.	49,425.	175,000.	1,337,500.	3,755,0	078.	5,355,003.
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)							0.
6	Public support. Subtract line 5 from line 4							5,355,003.
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9	(f) Total
7	Amounts from line 4	38,000.	49,425.	175,000.	1,337,500.	3,755,0	078.	5,355,003.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	226.	320.	500.	53.	1,(005.	2,104.
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							0.
11	Total support. Add lines 7 through 10							5,357,107.
12	Gross receipts from related activ	ities, etc (see ins	tructions)			· · · ·	12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)		▶ []
Sec	tion C. Computation of Pul	olic Support P	ercentage					
	Public support percentage for 20	• '	• • • • • • • • • • • • • • • • • • • •	e 11, column (f))			14	99.96%
15	Public support percentage from 2	2018 Schedule A,	Part II, line 14				15	_0.00%
16a	33-1/3% support test—2019. If the and stop here. The organization				d line 14 is 33-1/3	3% or more,	check	this box
Ь	33-1/3% support test—2018. If th and stop here. The organization				, and line 15 is 3	3-1/3% or m	nore, c	heck 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	box and stop her	e. Explain i	n Part	VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	nd-circumstances	test, check this	box and stop her	e. Explain i	n Part	
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check the	s box and s	see ins	tructions -

age 3

Par		r Organizatio	ns Described	in Section 509	(a)(2)	under Port II. If	the organization
`	(Complete only if you ched				on failed to quality	under Part II II	the organization
Sec	tion A. Rublic Support	ests listed below,	picase complete	Tartif			
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants contributions.	(a) 2013	(0) 2010	(4) 2011	(4) 20.0	(6) 2015	1
	and membership fees received (Do not include any 'unusual grants.')						Y
_					_	/	<u> </u>
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,	$\overline{}$			/	·· ·	
,	2. and 3 received from				/		
	disqualified persons	<u> </u>			<u>,/</u>		
D	Amounts included on lines 2 and 3 received from other than			/			
	disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
С	Add lines 7a and 7b			//			
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support	ı		V			<u> </u>
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6				, ,		
1 0 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from				1		
	similar sources						
b	Unrelated business taxable income (less section 511						
	taxes) from businesses						
_	acquired after June 30, 1975 Add lines 10a and 10b		{		\ 		<u> </u>
-	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,)	/			'	\	
14	First five years. If the Form 990	r for the organiz	ation's first, seco	nd, third, fourth, a	r fifth tax vear as	a section 501(c)	0(3)
	organization, check this box and	stop here					<u>``</u> ▶ ∐
	tion C. Computation of Pu						
	Public support percentage for 20		-	ine 13, column (f))	15	8
	Public support percentage from					1/16	%
	tion D. Computation of Inv				(0)	1	<u>.</u>
	<i>J</i> . •			-	umn (t)).	17	8
	/ · · ·				.d to 15	18	
19a	33-1/3% support tests—2019. If it is not more than 33-1/3%, check	the organization of this box and sto	did not check the on here. The organ	box on line 14, ar hization dualifies a	nd line 15 is more as a publicly supp	tnan 33-1/3%, a orted organizatio	ina line 1/
Ь	33-1/3% support tests—2018. If t		•			_	, —
	line 18 is not more than 33-1/3%	, check this box	and stop here. Th	ne organization qu	alifies as a public	ly supported org	anization 🔪 📙
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, c	heck this box and	see instructions	·
RΔΔ	7		TEEA0403L	07/03/19	Sc	hadula A (Form	990 or 990-EZ) 2019

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.)

			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	_	
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
t	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		
4 a	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			
Ŀ	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	Did the organization support any foreign supported organization that does not have an IRS determination under	_	_	
	sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (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).	5a		-
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one			
	or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	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? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	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	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined 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	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	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	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine			

	dule A (Form 990 or 990-EZ) 2019	0320	F	age 5
Par	t IV Supporting Organizations (continued)		Yes	No.
, 11	Has the organization accepted a gift or contribution from any of the following persons?	T	res	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations		•	,
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the co	ne -	<u></u> -	
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			L
Sec	tion D. All Type III Supporting Organizations		Yes	No
		<u> </u>	103	1
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	tion 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 instruction	e)	_	
1		<i>.</i> y.		
а				
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruc	tions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities	2a	-	
b	Did the activities described in (a) 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			
2	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of	<u> </u>		
-	each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		
RAA	TEFAMOSI 07/03/19 Schedule A (For	m agn ar a	90.F7	2019

Sche	edule A (Form 990 or 990-EZ) 2019 THE BARN GROUP LAND TRUST INC		46-55	570320 Page (
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza		
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	lov. 20, 1970 (explain in	Part VI) See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a	Average monthly value of securities	1a	 -	
Ŀ	Average monthly cash balances	1b		
-	Fair market value of other non-exempt-use assets	1c		
C	I Total (add lines 1a, 1b, and 1c)	1d		
•	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_		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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 tay imposed in prior year	5		

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

Schedule A (Form 990 or 990-EZ) 2019

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

Page 7

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organiza	tions (continued)	
Sec	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	s,	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
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.			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization ${\bf Part\ VI}).$ See instructions.	on is responsive (provide	details	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion 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			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
	From 2015	,		
	From 2016			^
d	From 2017			
е	From 2018			
1	Total of lines 3a through e			***************************************
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D, line 7.			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
	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.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			· · · · · · · · · · · · · · · · · · ·
е	Excess from 2019			

BAA

Schedule A (Form 990 or 990-EZ) 2019

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

RECEIVED IN CORRES IRS - OSC - 01

DEC 17 2020

SCHEDULE D (Form 990)

Supplemental Financial Statements N

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

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number THE BARN GROUP LAND TRUST INC 46-5570320 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 Aggregate value of contributions to (during year) Aggregate value of grants from (during year), 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? No 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 impermissible private benefit? Yes No 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) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure 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 day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 38 **b** Total acreage restricted by conservation easements 2b 8,134 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 2 d structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ► 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, and enforcement of the conservation easements it holds? See Part XIII 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 ►\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No 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. See Part XIII Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 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 (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 ►ŝ b Assets included in Form 990, Part X

Schedule Li (Form 990) 2019 THE				46-55/		Page 4
Partill Organizations Mainta	ining Collection	ons of Art, Histo	orical Treasures, o	r Other Similar Ass	sets (continu	<u>ued) _</u>
3 Using the organization's acquisition items (check all that apply)	n, accession, and o	ther records, check a	iny of the following that r	nake significant use of its	collection	
a Public exhibition		d Loan	or exchange program			
b Scholarly research		e 🗌 Other			<u> </u>	
c Preservation for future gener						
4 Provide a description of the organiz Part XIII						
5 During the year, did the organiza to be sold to raise funds rather t					Yes	No
Partiva Escrow and Custodia line 9, or reported an	al Arrangement amount on For	ts. Complete ıf t m 990, Part X,	the organization ar line 21.	nswered 'Yes' on Fo	orm 990, Pa	rt IV,
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodian or	other intermediary	for contributions or oth	ner assets not included	Yes	No
b If 'Yes,' explain the arrangement	t in Part XIII and o	complete the follow	ng table			
					Amount	
 c Beginning balance 				1 c		
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1f		
2a Did the organization include an a				-	Yes	No
b If 'Yes,' explain the arrangement	t in Part XIII Ched	k here if the explai	nation has been provide	ed on Part XIII	Į.	_}
						
Part V Endowment Funds. C	1					
4 B	(a) Current year	(b) Prior year	r (c) Two years bac	k (d) Three years back	(e) Four year	rs back
1 a Beginning of year balance						
b Contributions						
 Net investment earnings, gains, and losses 						
d Grants or scholarships						
 Other expenditures for facilities and programs 						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentag	e of the current ye	ar end balance (lin	e 1g, column (a)) held	as		
a Board designated or quasi-endowm	nent ►	%				
b Permanent endowment ►	8					
c Term endowment ►	%					
The percentages on lines 2a, 2b, a	nd 2c should equal	100%.				
3 a Are there endowment funds not in to organization by	the possession of th	ne organization that a	are held and administered	d for the	Yes	No
(i) Unrelated organizations					3a(i)	1.
(ii) Related organizations					3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	ated organizations	listed as required of	on Schedule R?		3b	7
4 Describe in Part XIII the intended	d uses of the orga	nization's endowme	ent funds.			
PartiVII Land, Buildings, and	Equipment.				_	
Complete if the organi	ization answere	ed 'Yes' on Forr	n 990, Part IV, line	e 11a, See Form 99	0, Part X, Ii	ne 10.
Description of property	(a) C	cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
1 a Land		1,712,825.			1,712	.825
b Buildings						
c Leasehold improvements	 	- 				
d Equipment	 		979,617.	267,569.	710	,048.
e Other	 -	_	919,011.	201,303.		,040.
Total. Add lines 1a through 1e (Colum	nn (d) must enual i	Form 990 Part X 7	column (B) line 10c)	<u> </u>	2,424	873
BAA	(o) must equal i	5.111 550, 1 att A, C	oranii (D), iiie ioc)	School	ule D (Form 990	
urr.				Sched	712 P (1 (1111) 53(-, -013

Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description
(b) Book value

(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)

Total. (Column (b) must equal Form 990, Part X, column (B) line 15)

PartX Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

l,	(a) Description of Hability		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total, (Column (b) must equal Form 990, Part X, colu	mn (B) line 25)	▶	

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

BAA

Schedule & (1 0111 230) 5013 THE DAMA GROOT HAND TROST THE	40 33/1	
Fart XI Reconciliation of Revenue per Audited Financial Statements With	h Revenue per Return.	
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	3,954,785.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	1	
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	3,954,785.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
	4c	
c Add lines 4a and 4b.	40	
c Add lines 4a and 4b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,954,785.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With	th Expenses per Return	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	th Expenses per Return	n.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered 'Yes' on Form 990, Part IV,	th Expenses per Return, line 12a.	3,954,785. n. 1,656,284.
 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered 'Yes' on Form 990, Part IV, Total expenses and losses per audited financial statements 	th Expenses per Return, line 12a.	n.
 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered 'Yes' on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 	th Expenses per Return, line 12a.	n.
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements Windows Complete if the organization answered 'Yes' on Form 990, Part IV, 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	th Expenses per Return, line 12a.	n.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements Windows Complete if the organization answered 'Yes' on Form 990, Part IV, 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments 2 Amounts	th Expenses per Return, line 12a.	n.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements Wire Complete if the organization answered 'Yes' on Form 990, Part IV, 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses 2 Donated Services and Use of facilities th Expenses per Return, line 12a.	n.	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered 'Yes' on Form 990, Part IV, 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)	th Expenses per Return, line 12a.	1,656,284.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered 'Yes' on Form 990, Part IV, 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d	th Expenses per Return, line 12a.	1,656,284.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered 'Yes' on Form 990, Part IV, 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1	th Expenses per Return, line 12a.	1,656,284.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered 'Yes' on Form 990, Part IV, 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1	th Expenses per Return, line 12a.	1,656,284.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered 'Yes' on Form 990, Part IV, 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b	th Expenses per Return, line 12a.	n.

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

Part II, Line 5 - Summarized Policy

Part II-Line 5: Monitoring and Enforcement Policy: The Barn Group Land Trust (TBGLT) provides all donors with a publication entitled; "Basic Explanation of the Conservation Easement Process", and "TBGLT Consevartion Easement Policy". These documents outline in detail the responsibility that TBGLT has to monitor the properties no less than once a year.

Schedule D (Form 990) 2019

Part XIII | Supplemental Information (continued)

Part II, Line 9 - Organization Reporting Of Conservation Easements

Part II-Line 9: Accounting for Conservation Easements: The conservation easements received do not have any assigned monetary value for revenue purposes. Certain real property donated to TBGLT and associated with an easement is shown as a program related investment. Said property will either be held by TBGLT under the easement or donated at a later date to a qualified land trust or land holding entity.

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990.

Name of the organization

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

TH	E BARN GROUP LAND TRUST INC	46-5570320	_		
	rt I Questions Regarding Compensation				
				Yes	No
1	a Check the appropriate box(es) if the organization provided an VII, Section A, line 1a. Complete Part III to provide any r	y of the following to or for a person listed on Form 990, Part elevant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
		College of the control of the college of the colleg			
	b If any of the boxes on line 1a are checked, did the organization reimbursement or provision of all of the expenses described.	on follow a written policy regarding payment or oped above? If 'No,' complete Part III to explain	1 b	X	
2	Did the organization require substantiation prior to reimbitrustees, and officers, including the CEO/Executive Directions.		2	х	
3	Indicate which, if any, of the following the organization used t Executive Director Check all that apply. Do not check an establish compensation of the CEO/Executive Director, bi	o establish the compensation of the organization's CEO/ y boxes for methods used by a related organization to ut explain in Part III. Part I	тт		
	Compensation committee	Written employment contract			
	Independent compensation consultant	X Compensation survey or study			
	X Form 990 of other organizations	X Approval by the board or compensation committee			
				ļ	
4	During the year, did any person listed on Form 990, Part organization or a related organization	VII, Section A, line 1a, with respect to the filing			
	a Receive a severance payment or change-of-control paym		4 a		X
	b Participate in, or receive payment from, a supplemental in	·	4 b		X
	c Participate in, or receive payment from, an equity-based		4 c	<u> </u>	X
	If 'Yes' to any of lines 4a-c, list the persons and provide	the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organiza	itions must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, contingent on the revenues of	did the organization pay or accrue any compensation			
	a The organization?		5 a		Х
	h Any related organization?		5 b		Х
	If 'Yes' on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, contingent on the net earnings of	did the organization pay or accrue any compensation			
	a The organization?		6 a		X
- 1	Any related organization?		6 b		Х
	If 'Yes' on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line payments not described on lines 5 and 6° If 'Yes,' described on lines 5 and 6° If 'Yes,'	1a, did the organization provide any nonfixed be in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid of	or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations s If 'Yes,' describe in Part III		8		X
9	If 'Yes' on line 8, did the organization also follow the rebuttable section 53.4958-6(c)?	le presumption procedure described in Regulations	9		

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

Schedule J (Form 990) 2019

RECEIVED IN CORRES IRS - OSC - 01 DEC 1 7 2020

OGDEN, UTAH

. Page 2

46-5570320

Schedule J (Form 990) 2019

THE BARN GROUP LAND TRUST INC

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (i). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	F	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation				
(A) Name and Title	!	() Base compensation	(n) Bonus & incentive compensation	(III) Other reportable compensation	(c) Retirement and other deferred compensation	(U) Nontaxable benefits	(E) lotal of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Scott Smith	Ξ	100,000.	54,600.	0	0	0		
1 Chairman	(ii)	0.	00		0	0.	0	i
	<u> 1</u> (b)	1 1 1	1 1					
2	€			 				
	<u>e</u>	 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	 		1 1 1 1
6	€					ı		
•	Ξ	 				 	1 1 1	1 1 1 1 1 1 1 1
4	3							
	€ 					1 1 1		1 1 1 1 1
n.	€							
	<u> </u>	 	 	1 1		 	 	
9	€							
	E	 						
7	€							
	⊝							
8	€							
	<u>∈</u>	 		 	1 1	1 1		
6	€							
	©	 	 		1 1			
10	€							
	ε	 	1 1 1	1	1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
11	€							ĺ
	€	 	 	 	 	 	 	
12	(E							
	ε	1 1	 1 1 1 1	- ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !		1		
13	€							
	<u> </u>	- 1	1 1 1		1 1	 		!
14	€					۱		
	Θ							
15								
;	ε		1 1 1		! ! !	 	1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
16								
ВАА,			TEEA4102L 8/2/19				Schedule.	Schedule J (Form 990) 2019

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 3 - Methods Used By Related Org. To Establish CEO/Exec. Dir. Compensation

Compensation of Directors: Compensation is determined through the Fart 1 -Line 3:

examination of similar organizations 990 forms, salary surveys of similar positions

in both the for profit and nonprofit organizations.

SCHEDULE M (Form 990)

Name of the organization

Noncash Contributions

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No 1545-0047

Open to Public Inspection

Employer identification number

THE BARN GROUP LAND TRUST INC 46-5570320 Types of Property Part I (a) Check if (b) (c) Noncash contribution (d) Number of Method of determining applicable contributions or amounts reported on Form 990, noncash contribution amounts items contributed Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications. Clothing and household goods Cars and other vehicles Boats and planes Intellectual property R 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 1,712,825. Donor Basis Real estate - Residential 15 Real estate - Commercial Real estate - Other 17 Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts. 23 Scientific specimens Archeological artifacts 24 25 Other ► 26 Other ► 27 Other ► 28 Other ► Number of Forms 8283 received by the organization during the tax year for contributions for which the 29 organization completed Form 8283, Part IV, Donee Acknowledgement 3 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30 a **b** If 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell 32 a noncash contributions? X b If 'Yes,' describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

TEEA4601L 8/5/19

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

Schedule M (Form 990) 2019

RECEIVED IN CORRES IRS - OSC - 01 DEC 17 2020

age 2

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

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2019

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

THE BARN GROUP LAND TRUST INC

Employer identification number 46-5570320

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

The Barn Group Land TrustTBG supports and utilizes land conservation through conservation easements, mitigation banks, and fee-simple land donations. TBG ensures IRS compliance with the terms of the conservation easement agreement. organization restores and conserves land, water, wildlife and other natural resources in the United States.

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

The organization's chairman and treasurer review in detail the Draft Form 990. review, revise, adjust and finalize for a presentation to Board members. Upon final review and after all questions have been addressed the document is signed by the chairman and filed with the IRS.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Explanation of Monitoring and enforcement of conflicts of interest: Board members complete a form annually which describes any potential confilcts of interest. During the board meetings, if an issue arises which may constitute a conflict of interest, the issue is brought to the table. The board member will then abstain from the vote which creates a conflict of interest as deemed by the board.

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

Compensation Review and Approval Process - President and Management: Compensation is determined through the examination of similar organizations' 990 Forms, and salary surveys of similar positions in both for profit and nonprofit organizations.

Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection

https://www.thebarngroup.org

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

On Website: https://www.thebarngroup.org

RECEIVED IN CORRES IRS - OSC - 01 DEC 17 2020

OGDEN, UTAH

Name of the organization	Employer identification number
THE BARN GROUP LAND TRUST INC	46-5570320

Form 990, Part IX, Line 24e Other Expenses

		(A)	(B)	(C)	(D)
		Total	Program Services	Management & General	Fundraising
Bank Charges		51.		51.	
Equip Supplies		32,268.		32,268.	
Fuel		3,227.	3,227.		
Meals		31,159.	30,513.	646.	
Other Business Exp		46,815.		46,815.	
Other Program Exp		5,920.	5,920.		
Postage and Shipping		1,669.		1,669.	
Rent & Lease		8,437.	8,437.		
Repairs & Maint		8,242.	8,242.		
Taxes & Licenses		25,700.		25,700.	
Tools & Materials		13,237.	13,237.		
Training		3,171.	3,171.		
Utilities		3, <u>309.</u>		3,309.	
	Total 💲	183,205.	\$ 72 <u>,747.</u>	\$ <u>1</u> 10,458.	\$ 0.

Form 990, Part VI-Line 11b

Form 990 Review Process: The organization's chairman and treasurer review in detail the Draft Form 990. They review, revise, adjust and finalize for a presentation of the draft Form 990 to Board members. Upon final review and after all questions have been addressed the document is signed by the chairman and filed with the IRS.

Form 990, Part VI-Line 12c

Explanation of Monitoring and enforcement of conflicts of interest: Board members complete a form annually which describes any potential conflicts of interest. During the board meetings, if an issue arises which may constitute a conflict of interest, the issue is brought to the table. The board member will then abstain from the vote which creates a conflict of interest as deemed by the board.

Form 990, Part VI-Line 15a,b

Compensation Review and Approval Process -President and management: Compensation is determined through the examination of similar organizations' 990 forms, and salary surveys of similar positions in both for profit and nonprofit organizations.

(g) | Sec 512(b)(13) | controlled entity? 욷 (f)
Direct controlling
entity Open to Public Inspection OMB No 1545-0047 2019 Yes N/A Part II Identification of Related Tax-Exempt Organizations. Complete of the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Employer identification number (f)
Direct controlling entity 46-5570320 (e) End-of-year assets 1,712,825 (e)
Public charity status (if section 501(c)(3)) Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990. 0 **(d)** Total income Related Organizations and Unrelated Partnerships Go to www.irs.gov/Form990 for instructions and the latest information. (d) Exempt Code section (c)
Legal domicile (state or foreign country) GA (c)
Legal domicile (state or foreign country) Accept donations of Real Property (b)
Primary activity (b) Primary activity THE BARN GROUP LAND TRUST INC (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization Barn_Group Properties, LLC Brooks, GA 30205 566 Bankstown Rd 1 1 1 1 1 Department of the Treasury Internal Revenue Service 84-4166559 Name of the organization SCHEDULE R I 1 1 1 (Form 990) €¦ €¦ ε¦ 8 <u>ଡ</u>¦ ଚ୍ଚ**୍ଚ** |8

Schedule R (Form 990) 2019

TEEA5001L 06/27/19

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

46-5570320

Schedule R (Form 990) 2019 THE BARN GROUP LAND TRUST INC

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(c) (d) (e) Share of total controlling controlling controlling entity with a control in the set of total controlling independent from the foreign and of set of total controlling independent controlling controlling independent controlling independ	Yes No		dentification of Related Organizations Taxable as a Corporation or Trust. Complete of the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (a) (b) (c) Address, and EIN of related organization are related organization as a corporation or trust during the tax year. (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		
(c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e			tions Taxable as a Corporation of related organizations treated a (b) Primary activity (state or foreign (state or foreign)		
Name, address, and EIN of Primary activity dor related organization (statement of the control of	(b)	(3)	Part IV Identification of Related Organizations Taxable Part IV Ine 34, because it had one or more related org (a) Name, address, and EIN of related organization Primary activity	(1)	(3)

46-5570320

Schedule R (Form 990) 2019 THE BARN GROUP LAND TRUST INC

Part V | Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

	000	S 5 (25)			
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			-X	Yes No	ہ ا
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			_a_	_	×
b Giff, grant, or capital contribution to related organization(s)			1 9 1	_	×
c Gift, grant, or capital contribution from related organization(s)			10	_	×
d Loans or loan quarantees to or for related organization(s)			7		۔ ا
			3 ,	\$?	: >
e Loans or loan guarantees by related organization(s)			ө	<u>~</u>	ایم
			-	1	\neg
f Dividends from related organization(s)			1€	_	×
g Sale of assets to related organization(s)			19	~	×
h Purchase of assets from related organization(s)			1h	_	×
i Exchange of assets with related organization(s)			<u>:</u>	_	×
j Lease of facilities, equipment, or other assets to related organization(s)			1 j		×
k Lease of facilities, equipment, or other assets from related organization(s)			1 k	^	×
I Performance of services or membership or fundraising solicitations for related organization(s)			=	^	×
m Performance of services or membership or fundraising solicitations by related organization(s)			<u>۔</u>	_	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			ר		×
Charing of paid employees with related organization(s)			,	' '	: >
			2	`	- اے
				 	٦.
p Keimbursement paid to related organization(s) for expenses			<u>a</u>		×I
q Reimbursement paid by related organization(s) for expenses			19		×
				-	\neg
 Other transfer of cash or property to related organization(s) 		•	11	_	×
s Other transfer of cash or property from related organization(s)		•	18	_	×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ed relationships and tran	saction thresholds.	:		
(e)	(q)	(2)	(P)		
Name of related organization	ransaction type (a-s)	Amount involved	Method of determining amount involved	erminir Jolved	<u> </u>
(1)					
		-			
(2)					
(3)					
(4)					
					1
(5)					
					1
BAA / TEEA5003L 06/27/19		Sche	Schedule R (Form 990) 2019	390, 20	19

THE BARN GROUP LAND TRUST INC Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

- Page 4

46-5570320

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Name, address, and EIN of entity Primary activity (State or foreign (related, unre-section country) (c) (d) (e) (e) Section total partners (state or foreign (related, unre-section 501(c)(3),	(b) Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unre-	(e) Are all partners section 501(c)(3)	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	General or managing partner?	(k) Percentage ownership
			from tax under sections 512-514)	Ves No			Yes No	(Form 1065)	Yes	
(1)							+		+	
				_						
	·									
(2)										
										_
				_						
(3)										
(4)										
	,									
(S)										
	•									
(9)										
							_			
										_
<u>0</u>									_	
	_						_			
	,		-				_			
(8)									-	
ВАА			TEE	TEEA5004L 06/27/19				Schedu	Schedule R (Form 990) 2019	90) 2019