			** PUBLIC DISCLOSURE CO)PY **				
Return of Organization Exempt From Income Ta						OMB No. 1545-0047		
Form 990		90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	(ns) 2022				
			Do not enter social security numbers on this form as			Open to Public		
Depa	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
			ar year, or tax year beginning APR 1, 2022 and e	ending M	IAR 31, 2023			
B	Check if	C Name of	forganization		D Employer identifi	cation number		
8	applicabl		-					
	Addre		tal Mountains Land Trust					
	Name	Doing bi	usiness as		22-27956	91		
	Initial	Number		Room/suite	E Telephone numbe			
	Final		Mount Battie Street		207-236-			
	termin ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,687,581.		
	Ameno	Canio	en, ME 04843	a de la companya de l	H(a) Is this a group re			
	Applic tion pendir		nd address of principal officer: Ian Stewart		for subordinates	······		
		same	as C above		H(b) Are all subordinates in			
1	Tax-exe		X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	r 527	1	list. See instructions		
	Nebsit		://www.coastalmountains.org/		H(c) Group exemptio			
			X Corporation Trust Association Other	L Year	of formation: 1986 N	A State of legal domicile: ME		
Pa	art I	Summary						
e	1	Briefly describ	e the organization's mission or most significant activities: We co	nserv	e land perm	anently to		
Activities & Governance		Electron of the second s	benefit the natural and human communities of the western Pe					
/err		Check this bo				isets.		
ğ			umber of voting members of the governing body (Part VI, line 1a)					
60			ependent voting members of the governing body (Part VI, line 1b)			15 10		
tie			of individuals employed in calendar year 2022 (Part V, line 2a)			200		
tivi			of volunteers (estimate if necessary)			0.		
Å			business taxable income from Form 990-T, Part I, line 12			0.		
		Net unrelated		<u> </u>	Prior Year	Current Year		
	8	Contributions	and grants (Part VIII, line 1h)		2,029,750.	1,476,253.		
Revenue			ce revenue (Part VIII, line 2g)		0.	0.		
eve	1	•	come (Part VIII, column (A), lines 3, 4, and 7d)		241,167.	233,589.		
č			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	2,892.		
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,270,917.	1,712,734.		
	Contraction of the local division of the loc		ants and similar amounts paid (Part IX, column (A), lines 1-3)					
			to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ	1	•••			442,583.	569,887.		
Expenses	16a	Professional fu	andraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 162,97		0.	0.		
xpe	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 162,97	0.				
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,221,026.	625,135.		
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,663,609.	1,195,022.		
-	19	Revenue less	expenses. Subtract line 18 from line 12		607,308.	517,712.		
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year		
sset	20	Total assets (F			9,283,944.	9,170,608.		
atAs	21		(Part X, line 26)		118,366.	31,291.		
	22		fund balances. Subtract line 21 from line 20		9,165,578.	9,139,317.		
Pa	art II	Signature	Block					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer H. Landis Gabel, Treasurer Type or print name and title	Date 4/6/2023						
Paid	Print/Type preparer's name David J. Shorette, CPA Preparer's signature Should 10/23	/23 ff self-employed P00086553						
Preparer	Firm's name Purdy Powers & Company	Firm's EIN 01-0463013						
Use Only	Firm's address 130 Middle Street							
	Portland, ME 04101	Phone no.207-775-3496						
May the I	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

See Schedule O for Organization Mission Statement Continuation

PartIII Statement of Program Service Accomplishments Check tischedue Containing a regords or note to any line in this Part III It birly describe the organization mession We conserve land permanently to benefit the natural and human communities of western the Penobscot Bay region. 2 Dd the organization undetake any significant program services during the year which were not listed an the permanently to benefit the natural and human communities of western the Significant changes in how it conducts, any program services, as measured by expense. 3 Dd the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expense. 4 Obat to organization is gramma services complements for each of its three largest program services, as measured by expense. 5 Sector bio (Lig) and Dic)(0 organizations argorized to report the amount of grams and allocations to others, the total segments. 6 Obat to organization is program services complements for each of its three largest program services, as measured by expense. 7 The Lind trust acquired Land and received conservation easements to permanently protect and preserve biological diversity, scenic 1 And trust acquired Land, and received conservation easements to permanently protect and preserve biological diversity, scenic 1 And trust acquired Land and received on services and to provide the public with outdoor recreational opportunities. 1 The Land trust continued to	Form	1990 (2022) Coastal Mountains Land Trust	22-2795691 Page 2
 Berely describe the cognization's messic: We conserve land permanently to benefit the natural and human communities of western the Penobscot Bay region. 2 Dd the organization undertake any significant program services during the year which were not listed on the prior form 800 or 800/27? 2 Dd the organization searcounding, or make significant changes in how it conducts, any program services, an measured by expenses. Sector 8010(20) and 5010(40 organizations are equived to report the amount of grants and allocations to others, the total expenses. Sector 8010(20) and 5010(40 organizations are equived to report the amount of grants and allocations to others, the total expenses. Sector 8010(20) and 5010(40 organizations are equived to report the amount of grants and allocations to others, the total expenses. Sector 8010(20) and 5010(40 organizations are equived to report the amount of grants and allocations to others, the total expenses. Sector 8010(20) and 5010(40 organizations are equived to report the amount of grants and allocations to others, the total expenses. Sector 8010(20) and 5010(40 organizations are equived to report the amount of grants and allocations to others, the total expenses. Sector 8010(20) and 5010(40 organizations are required to received conservation easements to permanently protect and preserve biological diversity, scenic landscapes, and foorest, farm, and water resources, and to provide the public with outdoor recreational opportunities. 40 (one Corrects 123,165. moting grant of Corrects	Pa	rt III Statement of Program Service Accomplishments	
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2 Did the organization undertake any significant program services during the year which were not listed on the prior form 1960 or 990-E27			nd human
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<pre> revenue, lany, for each program service reported. (cote:</pre>	4		
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Form	990	(2022)

Form 990 (2022) Coastal Mountains Land Trust
Part 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," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	~		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7	х	
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	1	23	
8	-	8		x
9	Schedule D, Part III	0		
3	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	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<u> </u>
	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, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	20a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	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		x
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		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	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	24		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
U U	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		x
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		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 21			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	Х	1

Form 990	(2022)
Part V	Sta

022) Coastal Mountains Land Trust Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	10	2b	x	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?					
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?					X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X
b	If "Yes," enter the name of the foreign country					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			50 5c		
	 c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit 					
Ud				6a		x
h	any contributions that were not tax deductible as charitable contributions?			Ua		
D.	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).			0.5		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the pavor?	7a		х
				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contraction	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe	orm 8	899 as required?	7g		
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?					
9						
a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	مدا	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Gross income from members or shareholders	11a	1			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			-		
D	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	L	?	12a		
		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?					X
	If "Yes," see the instructions and file Form 4720, Schedule N.					v
16	· · · · · · · · · · · · · · · · · · ·			16		X
47	If "Yes," complete Form 4720, Schedule O.		-			
17				47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Coastal Mountains Land Trust

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.0		
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Tou		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?			
17	List the states with which a copy of this Form 990 is required to be filed CA, CT, ME, OH, OR, PA, VA, FL, MA	, NY		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)			able
-	for public inspection. Indicate how you made these available. Check all that apply.	,	,	-
	X Own website Another's website Upon request Other (<i>explain on Schedule O</i>)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	Ian Stewart - 207-236-7091

101 Mount Battie Street, Camden, ME 04843

Part VII	Compensation of Officers, Director	s, Trustees,	, Key Employees,	Highest	Compensated
	Employees, and Independent Contr	actors			

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

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

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

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week (list anv							from the	from related organizations	other compensation
	(list any hours for related organizations below line)	r direc				eq		organization	(W-2/1099-MISC/	from the
	related	stee or	ru stee			en sat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru:	onal ti		loyee	comp		1099-NEC)		and related
	below line)	dividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Ian Stewart	40.00	드	-	5	ž	Ξē	요			
Executive Director				x				90,827.	0.	6,419.
(2) Dan Johnson	2.00							, -		
President		x		x				0.	0.	0.
(3) David Noble	2.00									
Director		x						0.	0.	0.
(4) David Thanhauser	2.00									
Director		X						0.	0.	0.
(5) Elisabeth Wolfe	2.00									
Director		X						0.	0.	0.
(6) Emily McDevitt	2.00									
Director		X						0.	0.	0.
(7) Gianne Conard	2.00									
Vice President		х		х				0.	0.	0.
(8) H. Landis Gabel	2.00									
Treasurer		X		Х				0.	0.	0.
(9) Harper Coburn	2.00									0
Director		X						0.	0.	0.
(10) Jeff Davis	2.00									0
Director	2.00	X						0.	0.	0.
(11) Judy Wallingford	2.00	x						0.	0.	0.
Director (12) Kitty Jones	2.00	^						0.	0.	0.
Director	2.00	x						0.	0.	0.
(13) Maiara Rebordao	2.00						<u> </u>	0.	0.	0.
Director	2.00	x						0.	0.	0.
(14) Robert S. Lawrence	2.00								••	0.
Director	2.00	x						0.	0.	0.
(15) Roger Rittmaster	2.00	<u> </u>								
Secretary		x						0.	0.	0.
(16) Roy Call	2.00									
Director		x						0.	0.	0.

Form 990 (2022)

Form 990 (2022) Coastal									22-27	9569)1 r	Page 8
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghe	st C					
(A) Name and title	Name and title Average hours per week			hours per week officer and a director/trustee) fr					(E) Reportable compensation from related		(F) Estimat amount othe	t of r
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	;/	ompens from th organiza and rela organiza	he ation ated
										_		
1b Subtotal								90,827.		0.	6,4	119.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								0. 90,827.		0.	6,4	0. 119.
2 Total number of individuals (including but i),000 of reportable			
compensation from the organization											Yes	0 No
3 Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s		,	,	•	,	,	Ŭ		,	3		X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab	le co	ompe	ensa	atior	n and	d oth			4		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con								ed organization or indiv		5	5	x
Section B. Independent Contractors 1 Complete this table for your five highest complete this table.	ompensated inc	dene	ende	nt c	ontr	racto	ors t	hat received more than	\$100 000 of comp	ensatio	on from	
the organization. Report compensation for (A)											(C)	
Name and business	address	NC	ONE	2				Description of s	services	Com	pensati	on
							_					
2 Total number of independent contractors ((including but n	ot lir	nite	d to	tho	se lis	sted	above) who received n	nore than			
\$100,000 of compensation from the organ	ization				(0						

Form 990 (20)22
Part VIII	

2) Coastal Mountains Land Trust Statement of Revenue

			Check if Schedule O contains a respon	nse or	note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded from tax under sections 512 - 514
lts ts	1	а	Federated campaigns 1a						
iran oun			Membership dues 1b						
¶g,0			Fundraising events 1c		9,007.				
ar /			Related organizations 1d		,				
s, S			Government grants (contributions) 1e						
rsi			All other contributions, gifts, grants, and						
but			similar amounts not included above 1f		1,467,246.				
i di		q	Noncash contributions included in lines 1a-1f		232,444.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Total. Add lines 1a-1f			1,476,253.			
					Business Code				
ø	2	а							
e rvio		b							
Program Service Revenue		с							
eve		d		— F					
^{ogr}		е							
ሻ		f	All other program service revenue	[
			Total. Add lines 2a-2f						
	3		Investment income (including dividends, int						
			other similar amounts)			70,445.			70,445.
	4		Income from investment of tax-exempt bon						
	5		Royalties						
			(i) Real		(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
		d	Net rental income or (loss)	<u></u>					
	7	а	Gross amount from sales of (i) Securitie		(ii) Other				
			assets other than inventory 7a 1,137,63	31.					
		b	Less: cost or other basis						
nue			and sales expenses 7b 974,48						
Other Revenue			Gain or (loss)						
, T			Net gain or (loss)			163,144.			163,144.
the	8		Gross income from fundraising events (not						
ò			including \$9,007. of						
			contributions reported on line 1c). See						
			· · · · · · · · · · · · · · · · · · ·	8a	360.				
			L	8b	360.				
			Net income or (loss) from fundraising event	ts		0.			
	9	а	Gross income from gaming activities. See						
				9a					
			· · · · · · · · · · · · · · · · · · ·	9b					
			Net income or (loss) from gaming activities						
	10	а	Gross sales of inventory, less returns	10-					
		L.		10a 10b					
		С	Net income or (loss) from sales of inventory		Business Code				
sno	44	~	Misc Income	Ľ	900099	2,892.	2,892.		
nec		a b		- -		2,052.	2,052.		
Miscellaneous Revenue				- -					
Be		c d	All other revenue	- -					
Σ			Total. Add lines 11a-11d			2,892.			
	12	-	Total revenue. See instructions			1,712,734.	2,892.	0.	233,589.

232009 12-13-22

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Da	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	90,827.	58,925.	12,553.	19,349
~	trustees, and key employees	90,027.	50,925.	12,333.	19,549
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	398,329.	258,419.	55,051.	84,859
7 0	Other salaries and wages	550,529.	2JU,41J.	55,051.	0-,009
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,370.	7,836.	964.	2 570
0	E E E E E E E E E E E E E E E E E E E	34,615.	23,855.	2,936.	2,570 7,824 7,644
9	Other employee benefits	34,746.	23,280.	3,822.	7,024
10 1	Payroll taxes Fees for services (nonemployees):	51,710.	25,200.	5,022.	7,011
a h	Management	3,429.	481.	2,937.	11
b		19,869.	2,785.	17,019.	65
с А	Accounting	15,005.	2,703.	17,015.	
	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	1,616.	227.	1,384.	5
12	Advertising and promotion	382.	382.		
13	Office expenses	29,887.	7,708.	21,312.	867
13 14	Information technology		.,,		
15	Royalties				
16	Occupancy	5,666.	3,564.	1,914.	188
17	Travel	20,394.	10,645.	2,301.	7,448
18	Payments of travel or entertainment expenses				.,
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	115,984.		115,984.	
23	Insurance	48,435.	42,128.	1,807.	4,500
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.)	206,227.	206,227.		
a h	Property Management Exp	82,202.	73,970.	4,900.	3,332
b	Fees	20,703.	8,301.	4,598.	7,804
c d	Newsletter	14,549.	6,396.	3,504.	4,649
		55,792.	37,930.	6,007.	11,855
e Se	All other expenses	1,195,022.	773,059.	258,993.	162,970
25 26	Joint costs. Complete this line only if the organization	±,±,5,022•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	230,333.	102,570
26					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)				
					Form 990 (202

Coastal	Mountains	Land	Trust
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Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	167,476.	1	211,703.
	2	Savings and temporary cash investments	448,217.	2	549,430.
	3	Pledges and grants receivable, net		3	129,109.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ÿ	9	Prepaid expenses and deferred charges	1 0/ 110	9	13,991.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D	•		
	b	Less: accumulated depreciation 10b 688,259	. 2,018,294.		
	11	Investments - publicly traded securities	4,298,092.	11	4,001,973.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,201,529.	15	2,181,201.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	9,283,944.	16	9,170,608.
	17	Accounts payable and accrued expenses	18,366.	17	31,291.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	100,000.	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	118,366.	26	31,291.
ß		Organizations that follow FASB ASC 958, check here			
ice:		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	4,880,814.	27	4,739,930.
ä	28	Net assets with donor restrictions	4,284,764.	28	4,399,387.
ŭ		Organizations that do not follow FASB ASC 958, check here			
г Г		and complete lines 29 through 33.			
tso	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne	32	Total net assets or fund balances	9,165,578.	32	9,139,317.
	33	Total liabilities and net assets/fund balances	9,283,944.	33	9,170,608.

Form **990** (2022)

Form 990 (2022)
Part X Balance Sheet

Form	1990 (2022) Coastal Mountains Land Trust	22-27	95691	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,712		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,195		
3	Revenue less expenses. Subtract line 2 from line 1	3			12.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,165		
5	Net unrealized gains (losses) on investments	5	-512	2,7	91.
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	-31	L,1	82.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	9,139),3	17.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

н

Name of the organization

Nam	me of the organization Employer identification number									
				ins Land Tru					2-2795691	
Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete ti	nis part.) S	ee instructior	ıs.		
The	organ	ization is not a private found		•		,				
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(1	l)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(ii	i).			
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for		llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov								
7	X	An organization that norma	lly receives a substa	ntial part of its support f	from a gov	ernmental	unit or from t	the general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or	
		university:								
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ns, members	hip fees, a	nd gross receipts from	
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of	its support	from gross investment	
		income and unrelated busir		(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.	
		See section 509(a)(2). (Cor								
11		An organization organized a	-	•	•					
12		An organization organized a	-	•	-			-		
		more publicly supported or							Check the box on	
	_	lines 12a through 12d that				-		-		
а		Type I. A supporting orga		-	•			••••••		
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting	
		organization. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	-				-		-	
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported	
		organization(s). You mus								
С		☐ Type III functionally inte						ally integrate	ed with,	
		its supported organization		· ·	-	-				
d		☐ Type III non-functionally						-		
		that is not functionally int			-		-	d an attent	iveness	
		requirement (see instruct	,	• •						
е		Check this box if the orga					а Туре I, Туре	e II, Type III		
	_	functionally integrated, or		nally integrated support	ing organi	zation.				
f		er the number of supported of	•							
g		vide the following informatior i) Name of supported	n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	fmonotony	(vi) Amount of other	
	(organization		(described on lines 1-10	(iv) Is the orga in your governi		support (see in		support (see instructions)	
				above (see instructions))	Yes	No		,		
Tota	ıl									

Part II

Coastal Mountains Land Trust

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1785534.	3654162.	1260473.	1518864.	1476253.	9695286.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1785534.	3654162.	1260473.	1518864.	1476253.	9695286.
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)						2144871.
6	Public support. Subtract line 5 from line 4.						7550415.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1785534.	3654162.	1260473.	1518864.	1476253.	(f) Total 9695286 •
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	62,548.	62,509.	54,747.	60,883.	70,445.	311,132.
9	Net income from unrelated business			-		-	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,392.		83,800.		2,892.	88,084.
11	Total support. Add lines 7 through 10						10094502.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	11,407.
13	First 5 years. If the Form 990 is for th	e organization's fi				501(c)(3)	
	organization, check this box and stor	. have			-		
See	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2022 (ine 6, column (f), d	livided by line 11,	column (f))		14	74.80 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	75.10 %
16a	33 1/3% support test - 2022. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line			
	more, and if the organization meets the						
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
	J		,	. , ,			

Schedule A (Form 990) 2022

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

qualify under the tests listed below, please complete Part II.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20	22 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
1 a	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support			•	·		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20	22 (f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			•		
	check this box and stop here		•				
	tion C. Computation of Publ						
	Public support percentage for 2022 (15	%
	Public support percentage from 2021					16	%
Sec	tion D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, ar	nd line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiz	ation	
b	b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
00							
20	Private foundation. If the organization	in did not check a	box on line 14, 19	a, or 19b, check t	nis box and see in	structions .	

232024 12-09-22

Part IV Supporting Organizations

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

Coastal Mountains Land Trust

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes

No

Schedule A (Form 990) 2022	Coastal Mountains Land Trust	22-27956	91 P	age 5
Part IV Supporting Organ	inizations _(continued)			
			Yes	No
11 Has the organization accepted	ed a gift or contribution from any of the following persons?			
a A person who directly or indire	rectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing bod	dy of a supported organization?	11a		
b A family member of a person	described on line 11a above?	11b		
c A 35% controlled entity of a p	person described on line 11a or 11b above?If "Yes" to line 11a, 11b, or 11c, provid	le		
detail in Part VI.		11c	:	
Section B. Type I Supportin	ng Organizations			

Coastal Mountains Land Trust

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

organization 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. C. Type II Supportin Contin -

Sec	Section 6. Type in Supporting Organizations				
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				

Section D. All Type III Supporting Organizations		
the supported organization(s).	1	
or management of the supporting organization was vested in the same persons that controlled or managed		
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the 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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

2

Yes

Yes No

No

2a

2b

1 1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	,
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check berg if the current year is the organization's first as a non-function	ally integrate	d Type III supporting or	anization (soo

7 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) 2022

232027 12-09-22

Schedule A	(Form 990)	2022

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	Section D - Distributions Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes			1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.	,		6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	-		
-	(provide details in Part VI). See instructions.		-	8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
		(i)	(ii)	10	(iii)	
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019	rom 2019				
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
5	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, <i>explain in</i> Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, 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 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, 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.)	V, Section C, ine 1e; Part V,

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

	Coastal Mountains Land Trust	22-2795691
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

(a)

No.

2

ame of o	rganization	Empl
oast	al Mountains Land Trust	2.
art I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
9		\$30,000.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
11		\$30,000.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
		\$30,700.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
4		\$32,500.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
6		\$ 35,400.

(b)

Name, address, and ZIP + 4

Page 2

over identification number

(d) Type of contribution

X

X

X

X

X

X

-2795691

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

> Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for

(Complete Part II for noncash contributions.)

(d)

Type of contribution

noncash contributions.)

23

\$

(c)

Total contributions

51,000.

Schedule B (Form 990) (2022)

(a)

No.

5

	B (Form 990) (2022)		Pag
Name of o	rganization	Emp	loyer identification numbe
Coast	al Mountains Land Trust	2	2-2795691
Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$59,976.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$71,549.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$101,013.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

(b)

Name, address, and ZIP + 4

X

noncash contributions.) Schedule B (Form 990) (2022)

(d)

Type of contribution

Person Payroll

Noncash

(Complete Part II for

(c)

Total contributions

145,000.

24

\$

Name of organization

Employer identification number

22-2795691

Coastal Mountains Land Trust

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	318 Shares of Berkshire-Hathaway Inc. class B stock		
		\$101,013.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022)

Schedule	B (Form 990) (2022)		Page 4							
Name of o	organization		Employer identification number							
Coast	al Mountains Land Trust		22-2795691							
	Exclusively religious, charitable, etc., contribut	ions to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year							
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of	through (e) and the following line entry	. For organizations							
	Use duplicate copies of Part III if additional	space is needed.								
(a) No. from			(d) Description of how sift is hold							
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
		(e) Transfer of gift								
	Transferee's name, address, a	nd 7IP + 4	Relationship of transferor to transferee							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
Part I										
			_							
	(e) Transfer of gift									
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee							
(a) No. from	(b) Dumpers of sift		(d) Description of how rift is hold							
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
		(e) Transfer of gift								
		(0)								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee							
(a) No. from										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
		(e) Transfer of gift								
	Transforma's name address a	nd 7 ID ± 4	Belationship of transform to transform							
	Transferee's name, address, a		Relationship of transferor to transferee							

(Form 990)

232051 09-01-22

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

22-2795691

Department of the Treasury Internal Revenue Service Name of the organization

Coastal Mountains Land Trust

Pa			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 📖 No
6	Did the organization inform all grantees, donors, and donor a	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 confe	erring
Pa		-	/, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	X Preservation of land for public use (for example, recreation		orically important land area
	X Protection of natural habitat	Preservation of a cert	tified historic structure
	X Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a c	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a 68
b	Total acreage restricted by conservation easements		2b 5,413.00
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the orga	nization during the tax
	year	4	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conservat	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han $15,548$.	dling of violations, and enforcing conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🗌 No
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements t	hat describes the
	organization's accounting for conservation easements.		
Pa			Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 99	58, not to report in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its fina	incial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 98		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtherand	ce 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		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.	Schedule D (Form 990) 2022

	dule D (Form 990) 2022 Coastal	Mountains Collections of Ar			her S			95691 ts (contin		.ge 2
3	Using the organization's acquisition, accessi								ucu)	
U	collection items (check all that apply):		s, check any of the	Tollowing that mak	c sign	meant ut	50 01 113			
а		d	Loan or exc	hange program						
b	Scholarly research	e								
c	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explair	n how they further t	he organization's e	xempt	t purpos	e in Par	t XIII.		
5	During the year, did the organization solicit of	•	•	•	•	• •				
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's co	ollection?			🗌	Yes		No
Par	t IV Escrow and Custodial Arran							line 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributior	ns or other assets r	not inc	luded				
	on Form 990, Part X?		-					Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amount		
с	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or co	ustodial account lia	ability?	,	∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII.									Í
Par	t V Endowment Funds. Complete i			1				_		
		(a) Current year	(b) Prior year	(c) Two years back	- · ·	Three yea		(e) Four	-	
1a	Beginning of year balance	839,006.	816,029.	· · · ·	_		5,814.		631,	
b	Contributions	5,000.	5,000.	,	_		5,000.		,	000.
	Net investment earnings, gains, and losses	-55,744.	51,777.	232,840).	-28	8,865.		46,	559.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	54,773.	33,800.	44,760).				36,	229.
f	Administrative expenses									
g	End of year balance	733,489.	839,006.			622	2,949.		646,	814.
2	Provide the estimated percentage of the cur			a)) held as:						
	Board designated or quasi-endowment	1.3550	_%							
b	Permanent endowment 86.5370 Term endowment 12.1080	%								
С										
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	ind administered to	or the			г	Yes	No
	organization by:								165	X
	(i) Unrelated organizations							3a(i)		X
h	(ii) Related organizations	tiona listad as requir	rad on Sabadula D2					3a(ii)		
4								3b		
	t VI Land, Buildings, and Equipm		willent funds.							
	Complete if the organization answere) Part IV line 11a S	See Form 990 Part	X line	<u>= 10</u>				
	Description of property	(a) Cost or of				mulated		(d) Book	value	
	Description of property	basis (investr			depred				value	,
19	Land		,	3,083.				4	3,08	33.
	Buildings			8,628.	15	6,23	9.		2,38	
	Leasehold improvements			4,912.		7,32		1,767		
	Equipment		-	4,837.		4,69			$\frac{1}{14}$	
	Other			·		'				
	Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	10c.)				2,083	3,20)1.

Schedule D (Form 990) 2022

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		-	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	·		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) Split-Interest Agreements			529,473.
(2) Conservation Property			1,651,728.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	ə 15.)		2,181,201.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	- 25)		
			I that reports the
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the foothote t	o the organization s financial statements	

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Coastal Mountains Land Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X Schedule D (Form 990) 2022

22-	279	5691	Page 4

Schedule D (Form 990) 2022 Coastal 1	Mountains L	Land Trust	
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Ра	rt XI Reconciliation of Revenue per Audited Financial Statem	ents Wit	h Revenue per R	eturr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 123	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,168,761.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-512,791.		
b	Donated services and use of facilities	. 2b			
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	. 2d	-31,182.		
е	Add lines 2a through 2d			2e	-543,973.
3	Subtract line 2e from line 1			3	1,712,734.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			_
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,712,734.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		th Expenses per	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	1,195,022.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	. 2b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)	. 2d			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,195,022.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4 a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,195,022.
	rt XIII Supplemental Information.				

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

Part II, Line 5:

A11	conservation	easements	are	monitored	by	at	least	one	visit	on	the
-----	--------------	-----------	-----	-----------	----	----	-------	-----	-------	----	-----

property each year; none of the visits are conducted by any remote

sensing, aerial flights or other means.

Part II, line 9:

It i	is	the	policy	of	Coastal	Mountains	Land	Trust	to	not	recognize	any	
------	----	-----	--------	----	---------	-----------	------	-------	----	-----	-----------	-----	--

amount in the financial statements for the donation of an easement as it

has no economic value. The costs of purchased easements are reflected as

an expense. No amount is capitalized for the purchase of the easement as

it is not a fee simple property.

Part XIII Supplemental Information (continued)	
Part X, Line 2:	
Management of Coastal Mountains Land Trust believes it has no material	
uncertain tax positions and, accordingly it will not recognize any	
liability for unrecognized tax benefits.	
Part XI, Line 2d - Other Adjustments:	
Change in Value of Split Interest Agreements -31,18	82.

SCHEDULE	N
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

22-2795691

Name of the organization

Coastal Mountains Land Trust

(a) (b) Noncash Contribution applicable Method of determining monash contribution and mark exported on any poly part VIII, ine 1g 1 Art. Works of at	Pa	TI Types of Property							
Art. Works of at Interest terms contributed form 990, Part VIII, line 1g Interest Contribution Uncontrol 2 Art. Historical treasures Image: Securities and planes Image: Securities Conservation Control Image: Securities Conservation Control 3 Back and planes Image: Securities Conservation Control Image: Securities Conservation Co				Number of			termin	ning	
2 Art - Historical treasures			applicable			noncash contribu	ition ai	mount	S
2 Art - Historical treasures	1	Art - Works of art							
3 At - Fractional interests	2								
4 Books and publications	3								
5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded X 1 10 Securities - Publicly traded X 1 11 Securities - Publicly traded X 1 12 Securities - Publicly traded X 1 13 Gualified conservation contribution - this toric structures 14 Qualified conservation contribution - this toric structures 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidemry 21 Taxidemry 22 Itstorical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other (26 Other (27 Other denses 283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes 30 During the year, did the organization during the tax year for contributions for which the organization inceive by contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30 During the year, did the organization during the tax year for contributions? 30 During the ye	4								
6 Cars and other vehicles	5								
7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Pointership, LLC, or 11 Securities - Maisellaneous 12 Securities - Miscellaneous 13 Qualified conservation contribution - Other 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Feal estate - Commercial 10 Feal estate - Commercial 10 Collectibles 11 Taxidermy 12 Securities and mercial supplies 14 Culoical artifacts 15 Feal estate - Commercial 16 Collectibles 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Traxidermy 21 Taxidermy 23 Scientific specimens 24 Archeological artifacts 25 Other (20 During the year, did the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Image: State - State - State - Residence policy that requires the review of any nonstandard contributions? 20 During the year, did the organization neceive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at teast 3 years from the date of the initial	6								
8 Intellectual property X 1 101,013. Fair market value 9 Securities - Publicly traded X 1 101,013. Fair market value 10 Securities - Closely held stock.	7								
9 Securities -Publicity traded X 1 101,013.Fair market value 10 Securities - Closely held stock	8								
10 Securities - Closely held stock	9		Х	1	101,013	.Fair market	va	lue	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

22-2795691 Page 2

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

SCHEDULE O (Form 990)



Coastal Mountains Land Trust

Form 990, Part I, Line 1, Description of Organization Mission:

Bay region.

Form 990, Part VI, Section A, line 6:

Members are those who contribute time as a volunteer or make a cash

donation annually.

Form 990, Part VI, Section A, line 7a:

Members elect board members at the annual membership meeting.

Form 990, Part VI, Section A, line 7b:

Members may vote on the removal of directors. Members also have 150 days to comment on any changes to the bylaws or articles of incorporation before they go into effect.

Form 990, Part VI, Section B, line 11b:

An annual audit of the Land Trust will be performed by a Certified Public Accountant, selected by the Finance and Investment Committee, who will also prepare IRS Form 990. Each member of the Board will be provided with a copy of the IRS Form 990, either digitally or printed, for his/her review prior to submission to the Internal Revenue Service. Board members may provide comments or questions to the Treasurer regarding the IRS Form 990 within seven days after their receipt of it. If said comments or questions require revision of the IRS Form 990, the Treasurer will obtain revisions as necessary. Thereafter, the Treasurer (or in his/her absence, another officer of the Board) will sign the final version of the IRS Form 990 and LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

Page 2

submit it to the Internal Revenue Service.

Form 990, Part VI, Section B, Line 12c:

Section 7. Conflicts of interest in the policies of the Board of Directors (available at www.coastalmountains.org, select "Key Documents") describes in detail the Land Trust's attention to potential conflicts of interest. In summary, when a transaction, contract, or project of the Land Trust is considered by the Board and when there is any reason to think that a member of the Board, staff, committees, a major donor, or any other person closely involved with the Land Trust might have the potential of financial advantage from the activity, the Board Member or Executive Director who is aware of that potential conflict brings the situation to the attention of the entire Board for inquiry that the person does have an actual, potential, or perceived conflict of interest, the person is asked to fully disclose that for a recording in the minutes of the Board meeting and to absent him/herself from all discussion, deliberation, and decision concerning the matter.

Form 990, Part VI, Section B, Line 15:

The Board of Directors annually evaluates the performance of the Executive Director and sets his/her compensation, utilizing surveys of compensation of Executive Directors of other nonprofit organizations in Maine as published biennially by the Maine Association of Nonprofits.

Form 990, Part VI, Section C, Line 19: The organization makes its policies and financial statements available for

review on its website.

Name of the organization Coastal Mountains Land Trust	Employer identification number 22-2795691
Form 990, Part XI, line 9, Changes in Net Assets:	
Change in value of split interest agreement	-31,182.
Form 990, Part XII, Line 2c:	
The audit oversight has not changed from the previous ye	ar.
232212 10-28-22 36	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File :	a separate	application	for each	n return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN)							
print	Coastal Mountains Land Tru	22-2795691							
File by the due date for filing your			tions.						
return. See instructions	City, town or post office, state, and ZIP code. For a for Camden, ME 04843	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
Enter the	Return Code for the return that this application is for (fil	le a separa	te application for each return)			0 1			
Applicat	ion	Return	Application			Return			
ls For		Code	Is For			Code			
Form 990) or Form 990-EZ	01	Form 1041-A			08			
Form 472	20 (individual)	03	Form 4720 (other than individual)			09			
Form 990)-PF	04	Form 5227			10			
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990	D-T (trust other than above)	06	Form 8870			12			
Form 990	D-T (corporation) Ian Stewart	07							
 If the If this box 1 I return the > 	hone No. ► 207-236-7091 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► equest an automatic 6-month extension of time until e organization named above. The extension is for the org calendar year or X tax year beginning APR 1, 2022 he tax year entered in line 1 is for less than 12 months, or Change in accounting period	Group Exe and atta Febru ganization's	emption Number (GEN) I ch a list with the names and TINs of ary 15, 2024 , to file s return for: d ending MAR 31, 2023	f this is fo all memb the exem	r the whole ers the ext npt organiz: 	group, check this			
	his application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.	9, enter the	e tentative tax, less	3a	\$	0.			
b lft	his application is for Forms 990-PF, 990-T, 4720, or 6069					0.			
	timated tax payments made. Include any prior year over			3b	\$	0.			
	lance due. Subtract line 3b from line 3a. Include your pa ng EFTPS (Electronic Federal Tax Payment System). Se	,	, 1 , 3	3c	s	0.			
Caution: instruction	If you are going to make an electronic funds withdrawa	l (direct de	bit) with this Form 8868, see Form 8		nd Form 88				