Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

Α	For the	e 2020 ca	endar year, or tax year beginning , and ending	g			
В	Check if a	applicable:	C Name of organization Granby Land Trust Inc	D Employer ide	ntification nur	nber	
Ш	Address	change	Doing business as				
\Box	Name ch	ongo	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	23-7243316			
브	Name Ch	ange	PO Box 23	E Telephone nur	mber		
Ш	Initial retu	ırn	City or town State ZIP code	(860) 653-744	1		
П	Final return	/terminated	Granby CT 06035	(000) 000 1 11			
\equiv			Foreign country name Foreign province/state/county Foreign postal code			4.0	.00 700
Ш	Amended	d return		G Gross receipts	\$	1,9	86,736
	Application	on pending	F Name and address of principal officer:	Is this a group return for su	bordinates?	Yes	X No
			Richard Orluk Jr, President, Granby, CT 06035	Are all subordinates in	cluded?	Yes	No
	Tay aya	mpt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a list. So			
<u>.</u>		-			_		
<u>J</u>	Website	: > ww		Group exemption num	per 🖊		
K	Form of	organizatior	: X Corporation Trust Association Other ► L Year of fo	ormation: 1972	M State of lega	al domicile:	CT
F	Part I	Su	mmary				
	1	Briefly d	escribe the organization's mission or most significant activities: Granby L	and Trust achieve	s the long t	erm	
ဦ		protection	on of land by seeking, holding, monitoring and stewarding conservation easem	ents and land own	iership.		
na		It comm	unicates its objectives and regularly provides educational programs to the com	munity.			
Governance	2	Check t	nis box Figure if the organization discontinued its operations or disposed of m	ore than 25% of it	s net asset	s.	
Ô	3				1		17
ංජ	4		of independent voting members of the governing body (Part VI, line 1b)				17
<u>ie</u>	5		mber of individuals employed in calendar year 2020 (Part V, line 2a)				0
₹	6		mber of volunteers (estimate if necessary)	_			80
Activities &	7a		related business revenue from Part VIII, column (C), line 12				0
	b		elated business taxable income from Form 990-T, Part I, line 11				0
	-	110t dilit	NACO DECINOS LAXADIO INCOMP COMP COMP 1,1 CAPA, INCOMP	Prior Year	-	irrent Yea	
	8	Contribu	itions and grants (Part VIII, line 1h)	248,29			275,191
Revenue	9		n service revenue (Part VIII, line 2g).	210,20	0	1,2	0
ě	10	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)	184,40		1	94,334
8	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,94		<u>'</u>	0
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).	435,64		1 /	69,525
	13		and similar amounts paid (Part IX, column (A), lines 1–3)	+00,0-	0	1,7	03,323
	14		paid to or for members (Part IX, column (A), line 4)		0		0
			other compensation, employee benefits (Part IX, column (A), lines 5–10)		0		0
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)		0		0
en	b		ndraising expenses (Part IX, column (D), line 25) 864		<u> </u>		
Ä	17		expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	109,79	10	1	31,493
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	109,79			31,493
	19		Lean summand Outbroad the AO frame line AO	325,84			38,032
- 9		Nevellu		jinning of Current Yea		ر, ا nd of Year	
ets c	20	Total as	sets (Part X, line 16)	11,808,50			18,684
Asse	21		bilities (Part X, line 26)	11,000,00	0	10,0	10,004
Net Assets or	22		ets or fund balances. Subtract line 21 from line 20	11,808,50		13.5	18,684
	art II		nature Block	11,000,00	<u>/T </u>	10,0	10,004
			/, I declare that I have examined this return, including accompanying schedules and statements, and t	to the hest of my knowle	edne		
			ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	-	-		
Si			Signature of officer	Date			
He	re		KATHLEEN LOMBARDO TREASU				
			Type or print name and title				
		Prin		Date	P.	ΓIN	
Pa	id			Check	k if		
	eparer	Eric	Rowley	10/6/2021 self-e	employed P(0058170	0
	e Only		's name ► Rowley & Associates, PC	Firm's EIN ► 02	-0522619		
-	.5 5111	Firm	's address ► 46 N. State Street, Concord, NH 03301	Phone no. (60	03) 228-540	00	
Ma	v the I		s this return with the preparer shown above? See instructions	,	X	7	No
ivia	y 1110 11	to discus	a the retain with the preparet shown above: See instructions		· · <u> </u>	1 62	NO

Form 9	90 (2020)	Granby Land Trust Inc	23-7243316	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		
1	-	escribe the organization's mission:		
		d in 1972, the Granby Land Trust (GLT) works to preserve the natural heritage of the		
		ough the conservation of its scenic and historic vistas, open space corridors,		
	wildlife r	abitat, ecologically sensitive areas, and agricultural land.		
2	Did the	organization undertake any significant program services during the year which were not listed on		
_		Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O.		
3		organization cease conducting, or make significant changes in how it conducts, any program		
	services		Yes	X No
	If "Yes,"	describe these changes on Schedule O.		
4		e the organization's program service accomplishments for each of its three largest program service		
		s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and al	locations to others,	
	the total	expenses, and revenue, if any, for each program service reported.		
	/O I) (F	•	
4a	(Code:) (Expenses \$ 38,522 including grants of \$) (Reven)
		RTY MAINTENANCE AND STEWARDSHIP - This program involves the protection of property and ed natural resources through stewardship and maintenance of land and easements owned by		
		These activities are conducted by volunteers and professionals and include conducting		
		esource inventories, site and boundary maintenance, habitat management and monitoring		
		s on lands and easements.		
4b	(Code:) (Expenses \$ 40,797 including grants of \$) (Reven	110 \$	1
7.0	•	RTY ACQUISITION - This program includes the permanent protection of property acquired either	αο φ	/
		ase or donation, or by conservation easement. The GLT conducts long term planning to		
		ne appropriate priority corridors in the town, and concentrates its acquisition efforts in		
	those ar	eas. These efforts are conducted by volunteers and professionals and include the		
	evaluati	on, negotiation and completion of new land acquisition projects.		
4c	(Code:) (Expenses \$ 13,476 including grants of \$) (Reven	ue \$)
	•	OUTREACH - This program is focused on promoting public awareness in the community about the		/
		nce of land preservation and conservation and activities of the Granby Land Trust to		
	protect t	he natural heritage of the town.		
		~		
4d	Other pr	ogram services (Describe on Schedule O.)		

0)(Revenue \$

0 including grants of \$

92,795

(Expenses \$

4e

Total program service expenses

0)

23-7243316

			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 public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	۳		
•	election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues.			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	~	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>		Χ	
Ü	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	Ť		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
а	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete</i>			
a	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		Χ
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		Χ
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? <i>If "Yes," complete Schedule D, Part IX.</i>	11d 11e	Χ	Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		^
•	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? <i>If "Yes," complete</i>			
	Schedule D, Parts XI and XII	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	47		v
18	on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		Х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III.	19		Χ
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
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		Χ

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	١		
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		┢
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-7-0		<u> </u>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		F
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	If"Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Χ	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	If"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		\ \	
24	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		Х
32	If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Χ
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	20		
37	organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
31	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	0.		
_	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
		ו ונ	_ ^	i

Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Χ
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		V
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
e f	Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		^
g h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?.	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
C 14a	Enter the amount of reserves on hand	14a		Х
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		^
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		~
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			,,
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2020) Granby Land Trust Inc 23-7243316

Part VI

Sect	ion 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 17								
	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 17								
2									
_	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		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6	Χ						
_	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	-							
7a	one or more members of the governing body?	70	Х						
L	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	^						
b		71.		v					
•	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:	0-	V						
a	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	Χ						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			\ \					
0 1	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	,	Χ					
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	oae.							
40-	Did the annowing tion have least about on househor an efficiency	40-	Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401-							
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40							
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	40-	V						
40		12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	Χ						
15	Did the process for determining compensation of the following persons include a review and approval by								
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		V					
a	The organization's CEO, Executive Director, or top management official.	15a		X					
b	Other officers or key employees of the organization	15b		Х					
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement								
16a		40-		V/					
	with a taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	4 C h							
Coot	the organization's exempt status with respect to such arrangements?	16b							
17	List the states with which a copy of this Form 990 is required to be filed ► CT								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5	501(c)							
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	JU 1 (U,	'						
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy.	icv							
13	and financial statements available to the public during the tax year.	.cy,							
20	State the name, address, and telephone number of the person who possesses the organization's books and records	-							
	D 11M D # T	-							
	David W. Russell, Treasurer (860) 653-7441 33 Spring Glen Drive, Granby, CT 06035								

Form 990 (2020)	Granby Land Trust Inc	23-7243316	Page 7
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Part VII Compensation of Officers, D

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

= mprojece, and maspendent contractors	
Check if Schedule O contains a response or note to any line in this Part VII	

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	s pe	ition more rson irecto	than oil is both bor/truster Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Richard J Orluk Jr President	10.00 0.00	Х		Х						
(2) David Emery	8.00			^						
Vice President	0.00			Χ						
(3) Leslie Judge	2.00			, ·						
Secretary	0.00	Х		Х						
(4) David Russell	8.00									
Controller	0.00	Х		Х						
(5) David A Schupp	1.00									
Board member	0.00	Х								
(6) Kathleen Lombardo	4.00									
Treasurer	0.00	Х		Χ						
(7) Lowell Kahn	2.00									
Board member	0.00	Χ								
(8) Eric Lukingbeal	2.00									
Board member	0.00	Χ								
(9) Mark R Wetzel	5.00									
Board member	0.00	Χ								
(10) Shirley Murtha	1.00									
Board member	0.00	Χ								
(11) Daniel P Brown Jr	5.00									
Board member	0.00	Х								
(12) Stacy Kroninger	1.00									
Board member	0.00	Х								
(13) Paula Johnson	1.00	.,								
Board member	0.00	Х	<u> </u>							
(14) John Weeks	1.00	,,								
Board member	0.00	Χ								

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Part VII Section A. Officers, Directors, Tru	istees, Key Em	ploye	es,	and	iH b	ghes	t Co	ompensated Em	ployees (continu	ıed)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do i	not ch unles er an	Pos neck ss pe	C) sition more	e than control Highest compensated employee	one n an eee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportal compense from rela organizati (W-2/1099-I	ole ation ted ons	Estimate of compe fror organiz	F) ed amount other ensation n the ation and ganizations
						ď						
(15) Jennifer Plourde	1.00								7			
Board member (16) Tim Heinze	0.00 1.00								\ \ \			
Board member	0.00											
(17) Karen Dowd	1.00											
Board member	0.00	Χ										
(18)												
(19)												
(20)												
(20)												
(21)			4									
(22)		*			1							
(23)			ľ									
(24)												
(24)												
(25)	. (
(25)												
1b Subtotal		٠					•	0		0		(
c Total from continuation sheets to Part VII, S	ection A						ightharpoons	0		0		(
d Total (add lines 1b and 1c).							•	0		0		(
2 Total number of individuals (including but not li		sted a	abov	e) v	vho	recei	ved	I more than \$100	,000 of			_
reportable compensation from the organization	•										1.	(N -
3 Did the organization list any former officer, dire	otor truotoo ko	v om	nlov		or h	iabo	at o	ompopoetod		ſ	Y	es No
employee on line 1a? If "Yes," complete Sched											3	Х
4 For any individual listed on line 1a, is the sum of											Ť	^
the organization and related organizations grea		-						-	h			
individual						-					4	Х
5 Did any person listed on line 1a receive or accr	rue compensatio	n froi	m ar	าง เม	nrel	ated	ora	anization or indiv	ridual			
for services rendered to the organization? <i>If "Y</i>	•			-			_				5	Х
Section B. Independent Contractors	•										•	•
1 Complete this table for your five highest compe												
compensation from the organization. Report co	mpensation for t	he ca	alen	dar	yea	r end	ing	with or within the	e organizat	ion's t		<u>. </u>
(A) Name and business add	rocc							(B) Description of ser	vices	C	(C) ompensa	tion
ivanie and pusiness add	1655							Description of ser	vices		Ompensa	riion
												(
2 Total number of independent contractors (inclu			tho	se l	iste	d abo	ve)	who received				
more than \$100,000 of compensation from the	organization •	<u> </u>					0					

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or not	e to any line in	this Part VIII			📙
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S (6	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	39,010				
Gr	С	Fundraising events	1c	0				
fts, Ar	d	Related organizations	1d	0				
Gir ilar	е	Government grants (contributions)	1e	0			_	
ns, Sim	f	All other contributions, gifts, grants, and						
utio er S		similar amounts not included above	1f	1,236,181		4		
rib. Oth	g	Noncash contributions included in		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
onti od C	"		1g \$	1,087,401				
a C	h	Total. Add lines 1a–1f			1,275,191			
-				Business Code	.,,			
Se	2a				0			
e <u>Z</u> i	b				0			
gram Serv Revenue	С				0			
an eve	d				•0			
gra	е				0			
Program Service Revenue	f	All other program service revenue			0			
_	g	Total. Add lines 2a–2f		▶	0			
	3	Investment income (including dividends, into						
		other similar amounts)			138,111			138,111
	4	Income from investment of tax-exempt bond	d procee	eds 🕨	0			
	5	Royalties			0			
		(i) Real		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c	0	0				
	d	Net rental income or (loss)	<u> </u>	>	0			
	7a	Gross amount from (i) Securiti	ies	(ii) Other				
		sales of assets						
4		other than inventory	,434	0				
Revenue	b	Less: cost or other basis						
vel			,211	0				
	C		,223	0	50.000			50.000
ier	d		· · ·	▶	56,223			56,223
Othe	8a	Gross income from fundraising events (not including \$ 0						
		of contributions reported on line 1c).						
		See Part IV, line 18	8a	0				
	b	Less: direct expenses	8b	0				
	C	Net income or (loss) from fundraising events		ŭ	0			
		Gross income from gaming activities.	<u> </u>		Ü			
	l ou		9a	0				
	b		9b	0				
	С	Net income or (loss) from gaming activities			0			
		Gross sales of inventory, less			Ü			
		• •	10a	0				
	b	 -	10b	0				
	С	Net income or (loss) from sales of inventory			0			
s				Business Code				
on.	11a				0			
ane	b				0			
Miscellaneous Revenue	С				0			
SC	d	All other revenue			0			
Σ	e	Total. Add lines 11a–11d	<u> </u>	<u> </u>	0			
	12	Total revenue See instructions		•	1 469 525	0	0	104 334

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
Check if Schedule O contains a response or note to any line in this Part IX									
Do not include amounts reported on lines 6h. 7h (A) (B) (C) (D)									

	Official in Confedence of Confedence of Trace in		art 17(· · · · <u> </u>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0		0	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and		`		
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	.0			
11	Fees for services (nonemployees):				
а	Management	0			
b	Legal	23	23		
С	Accounting	6,656		6,656	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	813	813		
13	Office expenses	5,314	1,136	4,178	
14	Information technology	1,600	1,600		
15	Royalties	0 400		0.400	
16	Occupancy	2,400		2,400	
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	3,065	3,065		
20	Interest	3,003	3,003		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	426	426	0	0
23	Insurance	6,176	420	6,176	0
24	Other expenses. Itemize expenses not covered	0,170		0,170	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Property stewardship and maintenance	34,440	34,440		
b	Mapping	3,778	3,778		
С	Misc expenses	9,695	7,282	2,413	
d	Land project expenses	39,717	39,717		
е	All other expenses Consulting	17,390	515	16,011	864
25	Total functional expenses. Add lines 1 through 24e	131,493	92,795	37,834	864
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

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Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X.			
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	33,624	1	36,984
	2	Savings and temporary cash investments	87,612	2	60,152
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	1,942	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		A	
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
ţ	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	
Ä	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 8,868,544			
	b	Less: accumulated depreciation 10b 1,034	7,780,535	10c	8,867,510
	11	Investments—publicly traded securities	2,690,269	11	3,278,127
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	1,214,522	15	1,275,911
	16	Total assets. Add lines 1 through 15 (must equal line 33)	11,808,504	16	13,518,684
	17	Accounts payable and accrued expenses	0	17	-,,-
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ğ		controlled entity or family member of any of these persons	0	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
Ś		Organizations that follow FASB ASC 958, check here ► X			
ည		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	3,744,253	27	4,313,899
ñ	28	Net assets with donor restrictions	8,064,251	28	9,204,785
pu		Organizations that do not follow FASB ASC 958, check here ▶	0,001,201		0,201,100
교		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	0	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
SS	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
ţ	32	Total net assets or fund balances	11,808,504	32	13,518,684
Š	33	Total liabilities and net assets/fund balances	11,808,504		13,518,684
		Total habilitios and not assets/fully balances	11,000,004	00	- 000 (2222)

Part	Reconciliation of Net Assets		`	,
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		1,469	9,525
2	Total expenses (must equal Part IX, column (A), line 25)		131	1,493
3	Revenue less expenses. Subtract line 2 from line 1		1,338	3,032
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1	1,808	3,504
5	Net unrealized gains (losses) on investments		372	2,148
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	1	3,518	3,684
Part				
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed 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			
	separate 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			
C	the 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			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name	of th	ne organization					Employer identification	number
		_and Trust Inc						43316
Par		Reason for Public Char						
	orga	anization is not a private foundat	•	•	-		•	
1	\blacksquare	A church, convention of church				. , . ,	(A)(I).	
2	Щ	A school described in section 1		·				
3	Щ	A hospital or a cooperative hos			•	, , , , , , ,	•	
4		A medical research organizatio hospital's name, city, and state		nction with a hospital d		n section	170(b)(1)(A)(iii). En	ter the
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6		A federal, state, or local govern	ment or governmer	ntal unit described in s e	ection 170	(b)(1)(A)((v).	
7		An organization that normally redescribed in section 170(b)(1) (m a gove	rnmental ι	unit or from the gene	ral public
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)			
9		An agricultural research organizor university or a non-land-granuniversity:						
10	Χ	An organization that normally receipts from activities related t support from gross investment acquired by the organization af	to its exempt functio income and unrelate	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section (no more than 33 1/3 511 tax) from busine	3% of its
11		An organization organized and	operated exclusivel	ly to test for public safe	ety. See s e	ection 509	9(a)(4).	
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3).
а	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.							
b	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.							
С		Type III functionally integrality its supported organization(s	ated. A supporting o	organization operated i	n connect	ion with, a	and functionally integ	rated with,
d	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.							
е		Check this box if the organiz functionally integrated, or Ty	zation received a wr	itten determination fror	n the IRS	that it is a		e III
f		Enter the number of supported of						0
g		Provide the following information			/:> +		() A	(-i) A
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
` ,								
(B)								
(C)								
(D)								
(E)								
Tota							0	0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						0
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
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)						
6	Public support. Subtract line 5 from line 4						0
Sec	ction B. Total Support				T	T	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (see	•				12	
13	First 5 years. If the Form 990 is for the orga	· ·		•	` ' ' '		-
	organization, check this box and stop here .						· · · · · ·
Sec	ction C. Computation of Public Sup	port Percenta	ige			<u>.</u>	
14	Public support percentage for 2020 (line 6, c	olumn (f), divided b	y line 11, column	(f))		14	0.00%
15	Public support percentage from 2019 Schedu	ule A, Part II, line 1	4			15	0.00%
16a	33 1/3% support test—2020. If the organization	ation did not check	the box on line 13	, and line 14 is 33	1/3% or more, che	ck this box	
	and stop here. The organization qualifies as	a publicly support	ed organization .				
b	33 1/3% support test—2019. If the organization	ation did not check	a box on line 13 o	r 16a, and line 15 i	is 33 1/3% or more	, check this	
	box and stop here. The organization qualified	es as a publicly sup	ported organization	n			▶
17a	10%-facts-and-circumstances test—2020	. If the organization	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	4	
	10% or more, and if the organization meets t						
	Part VI how the organization meets the facts						
	organization						· · · · · ▶
b	10%-facts-and-circumstances test—2019	-					
	15 is 10% or more, and if the organization main Part VI how the organization mosts the form			•			
	in Part VI how the organization meets the factorization						▶ □
40	•						
18	Private foundation. If the organization did r instructions	ioi check a box on	iiile 13, 16a, 16b,	i/a, or i/b, cneck	uiis dox and see		_

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support			, 1	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	2,738,020	1,278,608	103,936	248,295	1,275,191	5,644,050
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		11,742	4,000			15,742
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	2,738,020	1,290,350	107,936	248,295	1,275,191	5,659,792
7a	Amounts included on lines 1, 2, and 3		4 4 4 7 7 7 7	05.700	474 500	70.477	4 400 000
	received from disqualified persons		1,147,751	35,780	174,500	78,177	1,436,208
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						0
^	Add lines 7a and 7b	0	1,147,751	35,780	174,500	78,177	1,436,208
8	Public support (Subtract line 7c from	- O	1,147,731	33,700	174,500	70,177	1,430,200
Ü	line 6.)						4,223,584
Sec	ction B. Total Support						.,,
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	2,738,020	1,290,350	107,936	248,295	1,275,191	5,659,792
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	33,233	24,087	43,677	80,630	138,111	319,738
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	33,233	24,087	43,677	80,630	138,111	319,738
11	Net income from unrelated business						
	activities not included in line 10b, whether						_
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets				0.040		0.040
40	(Explain in Part VI.)				2,949	0	2,949
13	Total support. (Add lines 9, 10c, 11,	0.774.050	4 244 427	454 642	224 074	4 440 000	E 000 470
14	and 12.)	2,771,253	1,314,437	151,613	331,874	1,413,302	5,982,479
1-7	organization, check this box and stop here .			-			▶ □
500	ction C. Computation of Public Sup						· · · · · <u> </u>
15	Public support percentage for 2020 (line 8, co			f))		15	70.60%
16	Public support percentage from 2019 Schedu	. ,	•	**		16	66.45%
	ction D. Computation of Investmen					.0	00.1070
17	Investment income percentage for 2020 (line			olumn (f))		17	5.34%
18	Investment income percentage from 2019 So		-			18	4.17%
	33 1/3% support tests—2020. If the organiz						
	not more than 33 1/3%, check this box and s	top here. The orga	anization qualifies	as a publicly suppo	rted organization .		> 🛚
b	33 1/3% support tests—2019. If the organize	zation did not chec	k a box on line 14	or line 19a, and line	e 16 is more than 3	33 1/3%, and	<u> </u>
	line 18 is not more than 33 1/3%, check this b	oox and stop here	. The organization	qualifies as a publi	cly supported orga	nization	> <u> </u>
20	Private foundation. If the organization did n	ot check a box on	line 14, 19a, or 19l	o, check this box ar	nd see instructions		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
01-		
3b		
3с		
00		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
9с		
10a		
10b		
	==	

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.*

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.

3a

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	Organiz	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	•		•
instructions. All other Type III non-functionally integrated supporting orga	nization	s must complete Sections	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of			
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functiona	lly integr	rated Type III supporting of	organization (see
instructions).			

Schedule	e A (Form 990 or 990-EZ) 2020 Granby Land Trust Inc		2	3-7243316 Page 7
Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemple	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part VI	()	
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount			0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017 0			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2020 distributable amount			0
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2020 from			
	Section D, line 7: \$ 0			
а	Applied to underdistributions of prior years		0	
b				0
с	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.		0	
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2021. Add lines 3			
	and 4c.	0		
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
	Excess from 2018			
d	Excess from 2019			
	Excess from 2020			

Schedule A (Fo	orm 990 or 990-EZ) 2020 Granby Land Trust Inc	23-7243316	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	17b: Part	
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV,		
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines		
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V,	Section E,	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		
	mee 2, e, and e. 7 nee complete time parties any additional minormation. (eee mediatione.)		
=== = :	·	· 	

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

Granl	by Land Trust Inc		23-7243316	
Part	Organizations Maintaining Donor	Advised Funds or Other Similar Fu	nds or Accounts.	
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 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 dor	or advisors in writing that the assets held in	n donor advised	
	funds are the organization's property, subject			lo
6	Did the organization inform all grantees, dono	rs, and donor advisors in writing that grant f	unds can be used	
	only for charitable purposes and not for the be			
	conferring impermissible private benefit?		Yes N	10
Part	Conservation Easements.			
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by	y the organization (check a <u>ll th</u> at apply).		
	X Preservation of land for public use (for exam	ole, recreation or education) Preservatio	n of a historically important land area	
	X Protection of natural habitat	Preservatio	n of a certified historic structure	
	X Preservation of open space	<u> </u>		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	in the form of a conservation	
_	easement on the last day of the tax year.		Held at the End of the Tax Ye	ar
а	Total number of conservation easements		2a	28
b	Total acreage restricted by conservation ease		-	_
С	Number of conservation easements on a certi-			0
d	Number of conservation easements included i			
	historic structure listed in the National Registe			0
3	Number of conservation easements modified,	transferred, released, extinguished, or term	ninated by the organization during	
	the tax year 0			
4	Number of states where property subject to co		1-	
5	Does the organization have a written policy re			
^	violations, and enforcement of the conservation			Ю
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, and enforcing of	conservation easements during the year	
7	250.00	ting handling of violations and enforcing cons	amination accompants during the year	
7	Amount of expenses incurred in monitoring, inspect ► \$ 5,506	curing, framiding of violations, and emorcing const	ervation easements during the year	
8	► \$ 5,506 Does each conservation easement reported o	n line 2(d) above satisfy the requirements of	f section 170(h)(/)(R)(i)	
Ū	•			lo
9	In Part XIII, describe how the organization rep			
	balance sheet, and include, if applicable, the t			
	organization's accounting for conservation eas	-		
Part		ions of Art, Historical Treasures, or	Other Similar Assets.	
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under	FASB ASC 958, not to report in its revenue	e statement and balance sheet	
	works of art, historical treasures, or other simil	ar assets held for public exhibition, educati	on, or research in furtherance of	
	public service, provide in Part XIII the text of the	ne footnote to its financial statements that d	escribes these items.	
b	If the organization elected, as permitted under	-		
	works of art, historical treasures, or other simi	•	on, or research in furtherance of	
	public service, provide the following amounts			
	(i) Revenue included on Form 990, Part VIII, I	ine 1	> \$	
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of a		ts for financial gain, provide the	
_	following amounts required to be reported und		• •	
	Revenue included on Form 990, Part VIII, line Assets included in Form 990, Part X	1	> \$	
n	ASSELS INCOMED IN FORM 990 PART X		- >	

Part V	Endowment	Funds.
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Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	0	0	0	0	0
b	Contributions					
С	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance	0	0	0	0	0

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ ______%
- c Term endowment ▶ _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

- **3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

D	If "Yes" on line 3a(II), are the related organizations listed as required on Schedule R?	
<u> </u>	Describe in Part XIII the intended uses of the organization's endowment funds.	

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a	Land	0	8,818,008		8,818,008	
b	Buildings	0	49,900	426	49,474	
С	Leasehold improvements	0	0	0	0	
d	Equipment	0	608	608	0	
е	Other	0	28	0	28	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)						

Schedule D (Form 990) 2020 Granby Land Trust Inc			23-7243316	Page 3
Part VII Investments—Other Securities.				
Complete if the organization answered "	Yes" on Form 990.	Part IV. line 11b. See Form 9	990. Part X. lin	e 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year i	aluation:	
(1) Financial derivatives	0			
(2) Closely held equity interests	0			
(3) Other	<u>*</u>			
(A)				
(B)			-	
(C)			-	
(D)			-	
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) .	0			
Part VIII Investments—Program Related.				
Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11c. See Form 9	990, Part X, lin	e 13.
(a) Description of investment	(b) Book value	(c) Method of va		
(a) Booshpaon of invocations	(b) Book value	Cost or end-of-year i		
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	0			
Part IX Other Assets.				
Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11d. See Form 9	990, Part X, lin	e 15.
(a) Descrip	tion		(b) Book va	
(1) Mary Edwards Charitable Fund				685,084
(2) GLT General Fund				109,303
(3) Bertha Dimock Fund				481,524
_ (4)				
_ (5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	<u> </u>		1,275,91
Part X Other Liabilities.				
Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11e or 11f. See	Form 990, Par	tΧ,
line 25.			,	
1. (a) Description	on of liability		(b) Book va	lue
(1) Federal income taxes				(
(2)				
_ (3)				
(4)				
_ (5)				
(6)				
(7)				
(8)				
(9)				
Total (Column (b) must equal Form 990 Part X col (B) lir	ne 25)	•	I	(

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

Par	Reconciliation of Revenue per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part		•	eturn.	
1	Total revenue, gains, and other support per audited financial statements			1	1,841,673
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				1,041,073
	Net unrealized gains (losses) on investments	2a	372,148		
a b	Donated services and use of facilities	2b	372,140	4	
C	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIII.)	2d		-	
e	Add lines 2a through 2d		l	2e	372,148
3	Subtract line 2e from line 1			3	1,469,525
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	į i	l		.,,
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	1,469,525
Part	XII Reconciliation of Expenses per Audited Financial Statement	ts With	n Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line	e 12a.		
1	Total expenses and losses per audited financial statements			1	131,493
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	131,493
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<u> </u>	5	131,493
	XIII Supplemental Information.	N =4 N /	line and Ohe De		Don't V. Bir.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F				Part X, line
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro		-	ation.	
Part I	I Line 9 Conservation easements are recorded at cost if purchased. Once the ea	sement			
has b	een acquired the value of the asset is written down to a value of \$1 on the Stater	nent			
	and the second s				
OT FIN	nancial Position with a corresponding entry to Program Service costs. Donated				
conce	arrestion accompants are recognized as an accurred asset on the statement of fine	noial			
COLISE	ervation easements are recognized as an acquired asset on the statement of fina	IICIAI			
nociti	on with a value of \$1.				
positi	on with a value of \$1.				
Part 2	K Line 2 The Organization has been notified by the Internal Revenue Service that	t it			
1 4117	Value 2 1110 et gameador 1100 boot 110 anica by allo internal 1 ovoluce control and				
is exe	empt from federal income taxes under Section 501(c)(3) of the Internal Revenue	Code.			
The C	Organization is further classified as an organization that is not a private foundation	n			
unde	r Section 509(a)(3) of the Code. The most significant tax positions of the				
Orgai	nization are its assertion that it is exempt from income taxes and its determination	າ			
_					
of wh	ether any amounts are subject to unrelated business tax (UBIT). The Organization	n			
follow	s the guidance of Accounting Standards Codification (ASC) 740, Accounting for	Income			
		_			
Τ.	s related to uncertain income taxes, which prescribes a threshold of more likely t				

Schedule D (Form 990) 2020 (Granby	Land	Trust	Inc
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/ 3.	. / /	41 1	- 5 1	n	

Page **5**

Part XIII Supplemental Information (continued)
not for recognition and recognition of tax positions taken or expected to be taken in a
tax return. All significant tax positions have been considered by management. It has been
determined that it is more likely than not that all tax positions would be sustained upon
examination by taxing authorities. Accordingly, no provision for income taxes has been
recorded.

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

ZUZU

Internal Revenue Service

Name of the organization

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

Employer identification number

23-7243316 Granby Land Trust Inc Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1)(2)(3)(4)(5)(6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (g) In default? (h) Approved (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (i) Written with organization loan from the principal amount by board or agreement? organization? committee? То From Yes No Yes Yes No (1)(2)(3)(4)(5)(6)(7)(8)(9)(10)Total \$ 0 \triangleright **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2)(3)(4)(5)(6)(7) (8)

(9) (10)

(a) Name of interested per	son (b) Relationship betw interested person and organization	een (c) Amount of the transaction	(d) Description of transaction	(e) Sha organiz rever	zation's nues?
				Yes	No
(1) Trish Percival	Wife of Board Memb	ber 27,268	Consulting & Other Services		Х
(2)					
(3)					
(4) (5)					
(6)					
(7)					
(8)					
(9)					
10) Part V Supplemental Info					
Provide additional I	nformation for responses to question	ons on Schedule L (see Ins	tructions).		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

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

Employer identification number

Gran	Franby Land Trust Inc 23-7243316							
Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co			
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other	X	3	1,037,501	FMV & Net	Book \	/alue	
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other	Х	1	49,900	Fair Market	Value		
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26 27	Other ► ()							
28	Other ► () Other ► ()							
29	Number of Forms 8283 received b	y the organ	ization during the tax year fo	or contributions for				
	which the organization completed				29			
			, · · , = · · · · · · · · · · · · · ·		<u> </u>		Yes	No
30a	During the year, did the organizati	on receive l	by contribution any property	reported in Part I, lines 1 thr	ough			
	28, that it must hold for at least thr				-			
	to be used for exempt purposes for	or the entire	holding period?			30a		Х
b	If "Yes," describe the arrangement							
31	Does the organization have a gift a		policy that requires the review	ew of any nonstandard				
	contributions?					31	Χ	
32a	Does the organization hire or use	third parties	or related organizations to	solicit, process, or sell				
	noncash contributions?					32a		Χ
b	If "Yes," describe in Part II.							
33	If the organization didn't report an checked, describe in Part II.	amount in o	column (c) for a type of prop	erty for which column (a) is				

	orm 990) 2020 Granby Land Trust Inc	23-7243316	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, ar	nd 33, and whe	ether
	the organization is reporting in Part I, column (b), the number of contributions, the numbe		
	or a combination of both. Also complete this part for any additional information.		,
	of a combination of both, 7 tipe complete time part for any additional information.		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2020 Open to Public

Inspection

Employer identification number

Name of the organization Granby Land Trust Inc 23-7243316 Form 990, Part VI, Section A, Line 6: Members are individuals, families or other entities from the community who make an annual member donation. There are approximately 250 members. Form 990, Part VI, Section A, Line 7a: Members elect the members of the Board. Form 990, Part VI, Section B, Line 11b: The Form 990 is reviewed by the President and Treasurer before it is filed. The Board of Directors is also provided with a pdf copy for inspection before the return is filed. Form 990, Part VI, Section B, Line 12c: Annually, each director receives a copy of the Conflict of Interest Policy and is required to review it and positively affirm in writing, that they have disclosed any conflicts or any reportable potential conflicts. Form 990, Part VI, Section C, Line 19: Upon request, any member or other person will be provided with a copy of the organization's governing documents, Policies, Financial Report and Form 990.

Schedule O (Form 990 or 990-EZ) 2020		Page 2	2
Name of the organization	Employer identification number	r	
Granby Land Trust Inc	23-7243316		