Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Open to Public Inspection

Α	For t	he 2021 calen	dar year, or tax year begin	ning	, 20	021, and ending	9		,	20	
В	Check	if applicable:	С					D Employ	er identi	ification number	
	A	ddress change	EASTERN SIERRA L	AND TRUS	Γ			77-	0566	099	
		lame change	PO BOX 755		_			E Telepho			
		nitial return	BISHOP, CA 93515					760	-873	-4554	
	Н	nal return/terminated					F	700	073	4334	
								G Gross r		\$ 1.400	247
	-	mended return				1	H(a) Is this a			-,,	
	A _l	pplication pending		^{ι οπισετ:} KAY	OGDEN		` '				X No
_			SAME AS C ABOVE				H(b) Are all s If "No," a	attach a list	. See ins	d? Yes tructions.	No
<u></u>		-exempt status:	X 501(c)(3) 501(c) ()◀ (ins	sert no.) 4947(a)(1) or 527					
J	We	ebsite: ► WW	W.ESLT.ORG	•	1		H(c) Group ex	remption nu	umber 🏲	•	
K		n of organization:	X Corporation Trust	Association	Other ►	L Year of formation	on: 2001	M s	State of le	egal domicile: CA	
Pa	art I	Summar									
	1		ibe the organization's missi								
ė			TH WILLING LANDOV								<u>1 </u>
anc			ONO, AND ALPINE CO								
E.			ONAL, HISTORICAL,								<u>'</u>
Š	2	Check this bo								sets.	
ص ص	3		oting members of the gover						3		10
Se	4		ndependent voting members						4		8
Ě	5 6		r of individuals employed in r of volunteers (estimate if	-	•	•			5 6		7
Activities & Governance	-		ed business revenue from F						7a		39
⋖			d business taxable income						7a 7b		0.
	- 5	TVCt uniciated	a business taxable income	1101111 01111 93	o i, i ait i, iiile i i .			or Year	75	Current Yo	
	8	Contributions	s and grants (Part VIII, line	1h)				998,8	067		, 452.
ne	9		vice revenue (Part VIII, line					079,1			,432. ,726.
Revenue	10		ncome (Part VIII, column (A					100,7			, 720. , 896.
	11		ie (Part VIII, column (A), lir	•	•			239,4			,514.
	12		e – add lines 8 through 11					418,1		1,487	
	13		similar amounts paid (Part I					110,1	. 70.	1, 10,	, 500.
	14		to or for members (Part I)								
	15		•		•			562,4	132	540	,633.
es	16 2	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						302,9	134.	340	, 033.
Expenses	10a										
꼾	b		sing expenses (Part IX, col			50,895.					
	17	•	ses (Part IX, column (A), lir		•			197,2			, 975.
	18		es. Add lines 13-17 (must e					759,6		733	,608.
	19	Revenue less	s expenses. Subtract line 18	8 from line 12	2		1,	658,5	30.	753	,980.
jo o							Beginning			End of Ye	
sets alan	20		(Part X, line 16)					503,2		15,273	,078.
A B	21	Total liabilitie	es (Part X, line 26)					45,5	503.	61	,381.
Net Assets	22	Net assets or	r fund balances. Subtract li	ne 21 from lir	ne 20		14,	457,7	17.	15,211	,697.
	art II	Signatur	re Block				•		•	·	
Und	er penal	Ities of perjury, I de	eclare that I have examined this retu	ırn, including acco	mpanying schedules and	statements, and to t	he best of my	knowledge	and belie	ef, it is true, correct	, and
com	plete. D	Declaration of prepa	arer (other than officer) is based on a	all information of	which preparer has any kn	owledge.					
		.									
Sig	gn	Signatu	ure of officer				Date	:			
He	re	► KAY	OGDEN				EXECU'	TIVE I	DIREC	CTOR	
		Type or	r print name and title								
		Print/Type p	preparer's name	Preparer's signa	ature	Date	(Check	if	PTIN	
Pa	id	SUZANI	NE R. HEALY	SUZANNE	R. HEALY		s	self-employe	ed	P00533689	
	epar	er Firm's name	e ► HEALY AND ASS			•					
	e Or				250		F	Firm's EIN	▶ 81-	-1489821	
				94520	-			Phone no.		-603-0800	
Ma	y the	IRS discuss th	nis return with the preparer		? See instructions .					. X Yes	No

Par	t III	Statement of Program Se								37
1	Briofly	Check if Schedule O contains a describe the organization's miss		to any line in this P	art III					Х
ı										
	200_									
2		e organization undertake any signifi								
		990 or 990-EZ?						Yes	X	No
_		s," describe these new services on S							[]	
3		e organization cease conducting		ant changes in how i	it conducts, any progra	ım services?	📙	Yes	X	No
1		s," describe these changes on Sche ibe the organization's program se		monts for each of its	throe largest program	convious as	maacura	d by o	vnone	200
7	Section	on 501(c)(3) and 501(c)(4) organi	zations are require	red to report the amo	ount of grants and allo	cations to othe	ers, the t	otal ex	pens	es,
	and re	evenue, if any, for each program	service reported.							
	(Ol -	\ /F c		in the discount of	<u> </u>) (D	Ċ	0.1	4 50	
	(Code				\$					
	SEE_									
		e:) (Expenses \$)
	SEE_	SCHEDULE O								
4 c	(Code	e:) (Expenses \$		including grants of	\$	_) (Revenue	\$)
							- – – – -			
		·								
						_ 				
					_					
4 d		program services (Describe on S								
	(Expe		including grant) (Revenu	e \$)	
4 e	rotal	program service expenses	573.	,289.						

Form 990 (2021) EASTERN SIERRA LAND TRUST Part IV Checklist of Required Schedules

1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule B, Schedule G, Schedule of Contributors? See instructions. 2				Yes	No
3 X Y Section 501(x)3 organizations. Did the organization and provides the complete Schedule C, Part I. 4 Section 501(x)3 organizations. Did the organization appage in lobbying activities, or have a section 501(th) election in effect during the lax year? If Yes, complete Schedule C, Part II. 5 Is the organization a section 501(x)4, 501(x)5, or 501(x)50 organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If Yes, complete Schedule C, Part III. 6 Did the organization manitan any donor advised funds or any similar funds or accounts for which donors have the right to provide accordance on the distribution or investment of amounts in such funds or accounts? If Yes, complete Schedule C, Part III. 7 X Did the organization manitan any donor advised funds or any similar funds or accounts? If Yes, complete Schedule D, Part II. 8 Did the organization manitan collections of works of art. historical treasures, or other similar assets? If Yes, organization manitan collections of works of art. historical treasures, or other similar assets? If Yes, organization receive an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts in such collections of works of art. historical treasures, or other similar assets? If Yes, organization report an amount for investments or other amagement, credit repair, or debt nepotation services? If Yes, complete Schedule D, Part VIII. Yes, complete Schedule D, Part VIII. X, or X, as applicable. a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, complete Schedule D, Part VIII. X, or X, as applicable. a) Did the organization report an amount for investments – other securities in Part X, line 10? If Yes, complete Schedule D, Part X III. b) Did the organization report an amount for investments – other securities in Part X, line 10? If Yes, complete Schedule D, Part X III. c) Did the organization report an amount for investments – oth	1		1		110
for public office? If "Yes," complete Schedule O, Part I. 4 Section 501(Ng) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 5 Is the organization a section 501(n) (s) 501(c)(d), 601(c)(d), or 501(c)(d), or 501(c)	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
in effect during the lax year? If Yes, complete Schedule (), Part IV. 5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If Yes, complete Schedule C, Part III. 5 X Sees that the provide advice on the distribution or investment of amounts in such funds or accounts? If Yes, complete Schedule D, Part IV. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes, complete Schedule D, Part IV. 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inc 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation or or unjust endowments? If Yes, complete Schedule D, Part IV. 10 Did the organization server to any of the following questions is Yes', then complete Schedule D, Part X, III III the organizations are view of an amount for industry by the part X, line 10? If Yes, complete Schedule D, Part VIII. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, complete Schedule D, Part VIII. 11 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 VIII. 11 Did the organization report an amount for investments — other securities 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. 11 Did the organization report an amount for investments—organization and the part of the part X, line 16 Did the organization separate or consolidated financial statements for the tax year; If Yes, complete Schedule D, Part X X. 11 Did the organiza	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
assessments, or similar amounts as defined in Revenue Procedure 98-197 (if Yes,' complete Schedule C, Part III. 5 X Part 1	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7	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		Х
Bod the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' a complete Schedule D, Part III. 10 Did the organization major an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian or amounts not listed in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. 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. 11 If the organization is answer to any of the following questions is 'Yes,' then complete Schedule D, Part V, III, VIII, IX, or X, as applicable. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part X, line 10? If 'Yes,' complete Schedule D, Part X, line 11, line 16? If 'Yes,' complete Schedule D, 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 X, line 18, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. 11 Did the organization report an amount for investments – open gran related 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 VII. 11 Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X X. 11 Did the organization stall and a second part X, line 25? If 'Yes,' complete Schedule D, Part X X. 11 Did the organization and separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Part X X. 11 Did the organization as school described in section 170(h)(1)(A)(ii)? If 'Yes,' complete Schedule D, Part X X. 12 Did the organization answerder Wo' to line 12a, then completing Schedule D, Part X and XI is optional. 13 Did the o	6	to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D,	6		Х
Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. 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. 11 if the organization is directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V. 12 if the organization report an amount for louds buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VII. 13 bid the organization report an amount for investments – other securities 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. 14 bid the organization report an amount for other assets 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. 15 bid 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 VIII. 16 bid the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. 17 bid the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization sibality for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. 18 bid the organization orban separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Part X I and X III. 19 bid the organization maintain an office, employees, or agents outside of the United States? 19 bid the organization have aggregate revnues or expenses of more than \$	7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7	Х	
for amounis not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If Yes, 'complete Schedule D, Part IV. 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. 11 If the organizations answer to any of the following questions is Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable. 21 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, 'complete Schedule D, Part VI. 22 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. 23 Did the organization report an amount for investments — organization fall 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. 24 Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If Yes, 'complete Schedule D, Part VIII. 25 Did the organization report an amount for other assets in Part X, line 25? If Yes, 'complete Schedule D, Part X. 26 Did the organization other amount for other liabilities in Part X, line 25? If Yes, 'complete Schedule D, Part X. 110 Did the organization other assets an interest and the save ari relute a fortnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If Yes, 'complete Schedule D, Part X. 111 Did the organization other assets are part and XII. 112 Did the organization on assets are positions under FIN 48 (ASC 740)? If Yes, 'complete Schedule D, Part X X and XIII. 113 Is the organization organization included in consolidated, independent audited financial statements for the tax year? If Yes, 'complete Schedule D, Part X X and XIII. 11 Did the organization ma	8		8	Х	
or in quasi endowments? If 'Yes,' complete Schedule D, Part V. 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. 2 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VII. 2 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. 3 c Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. 4 d Did the organization report an amount for other assets in Part X, line 18; that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X VIII to Part X, line 16? If 'Yes,' complete Schedule D, Part X VIII to Part X, line 16? If 'Yes,' complete Schedule D, Part X VIII to Part X, line 16? If 'Yes,' complete Schedule D, Part X VIII to Part X, line 18; If Yes,' complete Schedule D, Part X VIII to Part X, line 18; If Yes,' complete Schedule D, Part X VIII to Part X, line 18; If Yes,' complete Schedule D, Part X VIII to Part X, line 18; If Yes,' complete Schedule D, Part X VIII to Part X, line 18; If Yes,' complete Schedule D, Part X VIII X V	9	for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation	9		Х
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. 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. c) 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. 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 VII. 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 XI. f) Did the organization report an amount for other labilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. f) Did the organization report an amount for other labilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. 110	10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
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. c) Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 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. e) Did the organization report an amount for other liabilities 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. f) Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 111	11				
assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. 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 X. g Did the organization report an amount for other assets in Part X, line 25? If 'Yes,' complete Schedule D, Part X. f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. 116	i		11 a	Х	
assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15; If 'Yes,' complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Part X ind XI. 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if 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 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts III and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregat	I	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	11 b		Х
in Part X, line 16? If 'Yes,' complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. 11e		assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII. 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 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. 15 Did the organization 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 III and IV. 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 for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV. 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part IXI, line 9a? If 'Yes,' complete Schedule G, Part II. 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part II. 18 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 Did the organiza	(I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. 111	•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Χ
Schedule D, Parts XI and XII. 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 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. 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 III and IV. 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. 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. 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part II. 18 Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. 20a X 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. 20b Life 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Life 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	12 8		12a	Х	
14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 15b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. 15D 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 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. 16D Id 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. 17X X 18D Id 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. 19D Id 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. 19D Id the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. 20a X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ı	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
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. 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 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 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 II. See instructions. 17 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 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 Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. 20a X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
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. 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. 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. 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. 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. 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 Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. 20a X 20b Lif 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Lif 'Yes' to line 20a, did the organization attach a copy of grants or other assistance to any domestic organization or	14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
foreign organization? If 'Yes,' complete Schedule F, Parts II and IV. 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. 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. 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. 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 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. 20a X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	I	business, investment, and program service activities outside the United States, or aggregate foreign investments valued	14b		Х
or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	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		Х
column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	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
complete Schedule G, Part III. 20a 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	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	Х	
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
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	Ł	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

Form 990 (2021) EASTERN SIERRA LAND TRUST Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Χ
	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	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Χ
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		X
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 Schedule N, Part II.	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part l</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		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
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
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		103	110
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	(gambling) winnings to prize winners?	1 c	Х	
$D \Lambda A$	LEE ΔΩΤΩ/Π - 19/22/21	Earm	agn /	2021

Form 990 (2021) EASTERN SIERRA LAND TRUST

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

			res	NO
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b	If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b		
4 a	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)?	4 a		Х
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	of Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
а	 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If 'Yes,' indicate the number of Forms 8282 filed during the year. e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 			
h		7 a 7 b	X	
		, 0		
	Form 8282?	7с		Х
		7 e		Х
		7 f		Х
_	as required?	7 g		
	Form 1098-C?	7 h		
8				
_		8		
	Sponsoring organizations maintaining donor advised funds.	0 -		
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a 9 b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	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.			
	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			
	Enter the amount of reserves on hand	14-		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14 b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
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.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If 'Yes,' complete Form 6069.			

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. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 10 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.... 8 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? ... SEE SCHEDULE 0 Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. . O. 15 a **b** Other officers or key employees of the organization..... 15 b X 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?..... 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) SEE SCH. O Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

ORGANIZATION PO BOX 755 BISHOP CA 93515 760-873-4554

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (A) (B) (E) (F) Reportable compensation from related organizations (W-2/1099-Name and title Reportable compensation from Average Estimated amount hours director/trustee) of other compensation from the organization the organization (W-2/1099-MISC/1099-NEC) Officer ndividual nstitutional lighest compensated MISC/1099-NEC) (list any employee hours for organizations related organiza tions l trustee helow dotted (1) KAY OGDEN 40 EXECUTIVE DIR. 0 Χ 0 0. 138,350 (2) MARIE PATRICK 1 BOARD CHAIR 0 Χ Χ 0 0 0. (3) RANDY KELLER 1 **SECRETARY** 0 Χ Χ 0 0 0. (4) ROBERT SHARP 1 TREASURER 0 Χ Χ 0 0 0. (5) TIM BARTLEY 1 BOARD MEMBER 0 Χ 0 0. 0. (6) FRAN HUNT 1 BOARD MEMBER 0 Χ 0 0. 0 (7) CYD JANEFSKY 1 BOARD MEMBER 0 Χ 0. 0. 0. (8) RICK KATTELMANN 1 0 BOARD MEMBER Χ 0 0 0. (9) BRYNN PEWTHERER 1 BOARD MEMBER 0 Χ 0 0 0. (10) TONY TAYLOR 1 EMERITUS 0 Χ 0 0. 0 (11)(12)(13)(14)

(A) (B) (C) Position (do not check more than one (D) (E)	
(A) Average (do not check more than one (D) (E)	
Name and title hours box, unless person is both an Reportable Reportable	(F)
Week Week the organization rom compensation from compensation from	Estimated amount of other compensation from
(list any hours for related organization for related organization (w-2/1099-NEC) Nours for related organization (w-2/1099-NEC) Highest compensation (w-2/1099-NEC) Misc/1099-NEC)	the organization and related
related organiza mple of column related organiza mple	organizations
- tions true ye mp below below below true below below true below below	
(list any hours for related organiza - tions below dotted line) (Rist any hours for related organiza - tions below dotted line)	
_(15)	
(16)	
<u>(17)</u>	
(18)	
(19)	
(20)	
<u>(20)</u>	
(21)	
<u>(22)</u>	
(23)	
(24)	
(25)	
· · · · · · · · · · · · · · · · · · ·	0.
	0.
d Total (add lines 1b and 1c)	0. 0.
from the organization 1	por.load.or.
	Yes No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3 X
	3 A
the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for	4 X
such individual5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	4 X
for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5 X
Section B. Independent Contractors 1. Complete this table for your five highest compensated independent contractors that received more than \$100,000 of	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	
(A) Name and business address (B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than	
\$100,000 of compensation from the organization ► 0	Farra 000 (2021)

Form 990 (2021) EASTERN SIERRA LAND TRUST Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any	/ line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a b c d e f	Federated campaigns				
Contribut	g h	similar amounts not included above 1f 453,452. Noncash contributions included in lines 1a-1f 1g Total. Add lines 1a-1f	453,452.			
		Business Code	1007 1021			
Program Service Revenue	2a b	MISC. GAIN OR LOSS 712120	814,726.	814,726.		
ervice	c d					
m	е					
gra	f	All other program service revenue				
P	g	Total. Add lines 2a-2f	814,726.			
	3	Investment income (including dividends, interest, and other similar amounts)	84,896.	84,896.		
	5	Royalties				
	Ū	(i) Real (ii) Personal				
	6 a	Gross rents 6a				
		Less: rental expenses 6b				
		Rental income or (loss) 6c				
		Net rental income or (loss)				
		Gross amount from (i) Securities (ii) Other				
	/ a	sales of assets				
	h	other than inventory Less: cost or other basis				
	D	and sales expenses 7b				
	С	Gain or (loss) 7c				
	d	Net gain or (loss)				
nue	8 a	Gross income from fundraising events (not including \$				
Other Revenu		of contributions reported on line 1c).				
Ä	L.	See Part IV, line 18 8a 119,871 Less: direct expenses 8b 1 759				
the		Less: direct expenses 8b 1,759. Net income or (loss) from fundraising events	110 110			
0		Gross income from gaming activities. See Part IV, line 19	118,112.			
		Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less				
		Less: cost of goods sold 10b				
_	С	Net income or (loss) from sales of inventory Business Code				
SIC	11 a		16 402	16 402		
Miscellaneous Revenue	، ، a h	OTHER INCOME 900099	16,402.	16,402.		
alla Ver	c					
SCE	d	All other revenue				
Σ		Total. Add lines 11a-11d	16,402.			
	12		1,487,588.	916,024.	0.	0.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX.									
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·							
2	Grants and other assistance to domestic individuals. See Part IV, line 22									
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	138,350.	107,858.	20,586.	9,906.					
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.					
7	Other salaries and wages	299,855.	233,767.	44,618.	21,470.					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	233,000.	233,707.	11,010.	21,170.					
9	Other employee benefits	60,769.	47,376.	9,042.	4,351.					
10	Payroll taxes	41,659.	32,477.	6,199.	2,983.					
11	Fees for services (nonemployees):		·	·						
á	Management									
ŀ) Legal	15,627.	12,183.	2,325.	1,119.					
(: Accounting	23,252.	18,127.	3,460.	1,665.					
(Lobbying									
•	Professional fundraising services. See Part IV, line 17									
	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	9,828.	7,662.	1,462.	704.					
12	Advertising and promotion	10,881.	8,483.	1,619.	779.					
13	Office expenses	6,896.	5,376.	1,026.	494.					
14	Information technology	6,943.	5,413.	1,033.	497.					
15	Royalties									
16	Occupancy	25,041.	19,521.	3,727.	1,793.					
17	Travel	1,651.	1,286.	247.	118.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	1,199.	935.	178.	86.					
20	Interest	3,252.	2,535.	484.	233.					
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	8,956.	6,982.	1,333.	641.					
23	Insurance	14,844.	11,572.	2,209.	1,063.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)									
á	DUES AND SUBSCRIPTIONS	32,868.	26,995.	5,153.	720.					
ŀ	GRANT SERVICES	16,001.	12,474.	2,381.	1,146.					
(ESCROW FEES, PROPERTY TAXES	5,610.	4,373.	835.	402.					
(PRINTING AND PUBLICATIONS	3,885.	3,029.	578.	278.					
•	All other expenses.	6,241.	4,865.	929.	447.					
25	Total functional expenses. Add lines 1 through 24e	733,608.	573,289.	109,424.	50,895.					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)									

		Check if Schedule O contains a response or note to	any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			427,542.	1	287,155.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		<u> </u>	9,698.	3	108,036.
	4	Accounts receivable, net			675.	4	3,675.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer I contribu rsons	r, director, itor, or 35%		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section			6		
	7	Notes and loans receivable, net		· · · · ·		7	
Assets	8	Inventories for sale or use		le l		8	
	9	Prepaid expenses and deferred charges		<u> </u>	6,937.	9	7,777.
	_	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1 1		0,557.		,,,,,,
				4,473,927.			
	b	Less: accumulated depreciation		39,144.	4,443,740.	10 c	4,434,783.
	11	Investments — publicly traded securities		-	9,614,628.	11	10,431,652.
	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		-	11.500.000	15	15 050 050
	16	Total assets. Add lines 1 through 15 (must equal line	33)		14,503,220.	16	15,273,078.
	17	Accounts payable and accrued expenses			45,503.	17	61,381.
	18	Grants payable			18		
	19	Deferred revenue		19			
۰,	20	Tax-exempt bond liabilities		L		20	
<u>ë</u>	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	utor, or 3.	5% L		22	
	23	Secured mortgages and notes payable to unrelated th				23	
	24	Unsecured notes and loans payable to unrelated third	parties.			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to rela	ted third parties, rt X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25			45,503.	26	61,381.
Ices		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	. ►	X			
<u>ā</u>	27	Net assets without donor restrictions			13,346,311.	27	14,142,425.
ä	28	Net assets with donor restrictions			1,111,406.	28	1,069,272.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here	· 🗆			
ō	29	Capital stock or trust principal, or current funds			29		
5	30	Paid-in or capital surplus, or land, building, or equipm	_		30		
SSS	31	Retained earnings, endowment, accumulated income,				31	
t A	32	Total net assets or fund balances			14,457,717.	32	15,211,697.
ž	33	Total liabilities and net assets/fund balances			14,503,220.	33	15,273,078.
RΔ	^		TEEA0111L	00/22/21	, , , , , , , , , , , , , , , , , , , ,		Form 990 (2021)

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets				_	
	Check if Schedule O contains a response or note to any line in this Part XI.					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,4	87,5	588.	
2	Total expenses (must equal Part IX, column (A), line 25).	2	7	33,6	308.	
3	Revenue less expenses. Subtract line 2 from line 1	3	7	53,9	80.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,4	57,7	717.	
5	Net unrealized gains (losses) on investments. 5					
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10						
column (B))						
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.						
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a				
1	b Were the organization's financial statements audited by an independent accountant?		2b	Χ		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te				
	X Separate basis Consolidated basis Both consolidated and separate basis					
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2с	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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					
BAA	TEEA0112L 09/22/21		Form	990 ((2021)	

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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

2021

Open to Public Inspection

Name of	the organization					Employer identific	cation number	
	ERN SIERRA LAND TRUS					77-056609		
	Reason for Public Cha		<u> </u>			<u>'</u>	ctions.	
1	ganization is not a private found A church, convention of church	es, or association of ch	nurches described in sect	ion 1 70 (•	•		
2	A school described in sectio		·		2/1-2/12/1	AV:		
3	A hospital or a cooperative h						Tutor the beenitelle	
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state:							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	An organization that normally rin section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	art of its support from a	governm	ental uni	t or from the general pu	ublic described	
8	A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)				
9	An agricultural research organi or university or a non-land-grauuniversity:	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c				
10	An organization that normall from activities related to its a investment income and unre June 30, 1975. See section	exempt functions, sub lated business taxable	ject to certain exception in the community in the communi	ns; and	(2) no r	nore than 33-1/3% of	its support from gross	
11	An organization organized a	nd operated exclusive	ly to test for public safe	ety. See	section	1 509(a)(4).		
12	An organization organized at or more publicly supported of lines 12a through 12d that de	rganizations describe	d in section 509(a)(1)	r sectio	n 509(a)(2). See section 509(a)(3). Check the box on	
а	Type I. A supporting organizatiorganization(s) the power to recomplete Part IV, Sections A	on operated, supervised aularly appoint or elect						
b	Type II. A supporting organiz management of the supporting must complete Part IV, Sect	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by the supported organiza	having control or tion(s). You	
С	Type III functionally integrated organization(s) (see instruction	. A supporting organizat	ion operated in connection	n with, ar	nd functio	onally integrated with, its	supported	
d	Type III non-functionally integ functionally integrated. The cinstructions). You must com	rated. A supporting org	anization operated in cor	nection	with its s	supported organization(t and an attentiveness	s) that is not s requirement (see	
е	Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from t		that it is	s a Type I, Type II, Тур	oe III functionally	
f	Enter the number of supported							
g	Provide the following informatio	n about the supported	d organization(s).					
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

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

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

Sec	tion A. Public Support							
begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Tax revenues levied for the organization'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 5	Total. Add lines 1 through 3 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							
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(e) 2021 (f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
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.).							
	Total support. Add lines 7 through 10							
	Gross receipts from related activ	•	•			<u> </u>	12	
	First 5 years. If the Form 990 is organization, check this box and			, third, fourth, or f	ifth tax year as a	section 501(c)	(3)	
Sec	tion C. Computation of Pul Public support percentage for 20	olic Support P	ercentage	. 11 (0)		1 .		
14 15	Public support percentage for 20 Public support percentage from 2	21 (line 6, colum 2020 Schedule A	n (f), divided by i Part II line 14	ine 11, column (t))		15	<u>%</u> %
	33-1/3% support test—2021. If the and stop here. The organization	ne organization d	id not check the b	oox on line 13, and	d line 14 is 33-1/3	B% or more, cl	neck this	box
b	33-1/3% support test—2020. If the and stop here. The organization	e organization di	d not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or mor	e, check	this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this b	oox and stop here	. Explain in P	art VI ho)W
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a	nd-circumstances	s test, check this b	oox and stop here	. Explain in P	art VI ho	w the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see	e instruc	tions ►

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

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

Sec	tion A. Public Support	Joseph Hotela Below,	picase complete	i dit ii.)			
Calend	lar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include	• • • • • • • • • • • • • • • • • • • •	`,'		,, =-	· · · · ·	.,
	received. (Do not include any 'unusual grants.')	366 125	5,964,707.	3 293 658	893,385.	453,452.	10,971,327.
2	Gross receipts from admissions,	300,123.	3,304,707.	3,233,030.	033,303.	433,432.	10,571,327.
	merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose	5,515.	500.	234,412.	1,079,167.	814,726.	2,134,320.
3	Gross receipts from activities	0,010.	000.	20171121	2701372011	011,720.	2710170201
	that are not an unrelated trade or business under section 513.						0.
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	371,640.	5,965,207.	3,528,070.	1,972,552.	1,268,178.	13,105,647.
7a	Amounts included on lines 1, 2, and 3 received from	•	,	,	,	,	,
	disqualified persons	0.	0.	0.	0.	0.	0.
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.	3,210,768.		88,991.	97,396.	6,189,903.
	Add lines 7a and 7b	0.	3,210,768.	2,792,748.	88,991.	97,396.	6,189,903.
8	Public support. (Subtract line 7c from line 6.)						6,915,744.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	371,640.	5,965,207.	3,528,070.	1,972,552.	1,268,178.	13,105,647.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	48,536.	88,540.	143,472.	100,705.	84,896.	466,149.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		·				0.
	Add lines 10a and 10b	48,536.	88,540.	143,472.	100,705.	84,896.	466,149.
11	Net income from unrelated business activities not included on 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						<u> </u>
	capital assets (Explain in Part VI.) SEE PART VI				103,252.	16,402.	119,654.
13	Total support. (Add lines 9, 10c, 11, and 12.)	420,176.	6,053,747.	3,671,542.	2,176,509.	1,369,476.	13,691,450.
14	First 5 years. If the Form 990 is a organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	blic Support P	'ercentage				
15	Public support percentage for 20	21 (line 8, columi	n (f), divided by li	ne 13, column (f))	15	50.51 %
	Public support percentage from 2						51.64 %
Sec	tion D. Computation of Inv						
17	Investment income percentage for	•	• • •	-			3.40 %
18	Investment income percentage fi					<u> </u>	2.99 %
19a	33-1/3% support tests—2021. If t is not more than 33-1/3%, check						
b	33-1/3% support tests—2020. If t line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box a	and stop here. Th	e organization qu	ialifies as a public	ly supported orga	-1/3%, and inization ▶
22					DOOL THIC HOY ONG	LCOO INCTRICTIONS	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

BAA TEEA0404L 08/31/21 Schedule A (Form 990) 2021

Pa	rt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	the governing body of a supported organization?	11a		
	b A family member of a person described on line 11a above?	11b		<u> </u>
	c A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
<u>5e</u>	ction B. Type I Supporting Organizations		Yes	No
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.	1	ies	NO
2		2		
Se	ction C. Type II Supporting Organizations			
	_		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction D. All Type III Supporting Organizations			
	Did the appropriation and idea to select the appropriate descriptions by the lead down the Cities and the Citie		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		
Se	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	ıctions	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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	2a		
	substantially all of its activities.	<u>za</u>		
	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.	2b		
		20		
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	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.	За		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b		

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Pal	rt v Type iii Noil-Functionally integrated 509(a)(5) Supporting Orga	IIIIZal	.10115	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
(Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2021

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sec	Section D — Distributions					
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 purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required — provide 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 organization is responsive (provide details					
	in Part VI). See instructions.	8				
9	Distributable amount for 2021 from Section C, line 6	9				
10	Line 8 amount divided by line 9 amount	10				

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
i Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

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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, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2021	2020	2019	2018	2017
OTHER INCOME TOTAL	\$ 16,402. \$ 16,402.	\$ 103,252. \$ 103,252.	\$ 0.	\$ 0.	\$ 0.

BAA TEEA0408L 08/31/21 Schedule A (Form 990) 2021

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021

Employer identification number

EASTERN SIERRA LAND TRUST 77-0566099 Organization type (check one): Filers of: Section: X 501(c)(3) Form 990 or 990-EZ (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 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..... 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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

EASTERN SIERRA LAND TRUST

Open to Public Inspection
Employer identification number

				77-056	6099	
Par	t I Organizations Maintaining Dono	Advised Funds or Other	Similar Funds (or Accounts.		
	Complete if the organization answ	vered 'Yes' on Form 990, P	art IV, line 6.			
		(a) Donor advised fund	ls	(b) Funds and o	other acco	ounts
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 donors are the organization's property, subject to the organization				Yes	No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit	s, and donor advisors in writing to of the donor or donor advisor, or	nat grant funds ca for any other purp	n be used only ose conferring	Yes	— □ No
	impermissible private benefit?				162	NO
Par		1.1)/ 1 E 000 B				
	Complete if the organization answ					
1	Purpose(s) of conservation easements held by		<u> </u>			
	X Preservation of land for public use (for examp	le, recreation or education)		a historically impo		
	X Protection of natural habitat		Preservation of	a certified historic	structure)
•	X Preservation of open space					
2	Complete lines 2a through 2d if the organization he last day of the tax year.	eld a qualified conservation contribu	tion in the form of a	a conservation easei	ment on th	ie
	last day of the tan your			Held at the	End of the	e Tax Year
a	Total number of conservation easements			2a 18		
Ł	Total acreage restricted by conservation easen	nents		2b 13,909		
c	: Number of conservation easements on a certifi	ed historic structure included in (2c		
,	Number of conservation easements included in	(c) acquired after 7/25/06, and r	not on a historic			
	structure listed in the National Register			2d 13		
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished, or to	erminated by the org	ganization during the	е	
4	Number of states where property subject to conser	vation easement is located ►	1			
5	Does the organization have a written policy regard enforcement of the conservation easemen				Yes	No
6	Staff and volunteer hours devoted to monitoring, in	nspecting, handling of violations, an	d enforcing conserv	ation easements du	ring the ye	ar
7	Amount of expenses incurred in monitoring, inspec ▶\$	eting, handling of violations, and en	orcing conservation	easements during	the year	
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?				Yes	X No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote to	orts conservation easements in its the organization's financial state	s revenue and exp ements that descri	ense statement ar bes the organization	nd balance on's accou	e sheet, and unting for
Day	conservation easements. SEE PART XI till Organizations Maintaining Collect		asures or Oth	er Similar Acc	etc	
Par	Complete if the organization answ	vered 'Yes' on Form 990, P	art IV, line 8.	er Jillilai Ass		
1 a	If the organization elected, as permitted under historical treasures, or other similar assets held Part XIII the text of the footnote to its financial	d for public exhibition, education,	or research in furt	ent and balance sl therance of public ART XIII	heet work service, p	s of art, provide in
k	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	public exhibition, education, or res	earch in furtherance	e of public service, p	works of provide the	art,
	(i) Revenue included on Form 990, Part VIII, I					
	(ii) Assets included in Form 990, Part X			· <u> </u>		
2	If the organization received or held works of art, hi amounts required to be reported under FASB A	ASC 958 relating to these items:			owing	
a	Revenue included on Form 990, Part VIII, line	1				

Part III Organizations Maintaining	Collections of Art, Histo	orical Treasures, o	r Other Similar Ass	sets (continu	ied)
3 Using the organization's acquisition, access items (check all that apply):	sion, and other records, check a	ny of the following that m	nake significant use of its	collection	
a X Public exhibition	d Loan	or exchange program			
b Scholarly research	e Other				
c X Preservation for future generations					
4 Provide a description of the organization's of Part XIII. SEE PART XIII	collections and explain how they	further the organization	s exempt purpose in		
5 During the year, did the organization sol to be sold to raise funds rather than to be	e maintained as part of the o	organization's collection	?		X No
Part IV Escrow and Custodial Arran line 9, or reported an amount	ngements. Complete if to nt on Form 990, Part X,	the organization an line 21.	swered 'Yes' on Fo	orm 990, Par	t IV,
1 a Is the organization an agent, trustee, cu on Form 990, Part X?	stodian or other intermediary	for contributions or oth	er assets not included	Yes	No
b If 'Yes,' explain the arrangement in Part					
				Amount	
c Beginning balance			1с		
d Additions during the year			1 d		
e Distributions during the year			1 e		
f Ending balance			1f		
2a Did the organization include an amount	on Form 990, Part X, line 21,	for escrow or custodial	account liability?	Yes	No
b If 'Yes,' explain the arrangement in Part	XIII. Check here if the explan	nation has been provide	ed on Part XIII		
Part V Endowment Funds. Comple	te if the organization ar	<u>iswered 'Yes' on Fo</u>	orm 990, Part IV, li	<u>ne 10.</u>	
(a)	Current year (b) Prior yea	r (c) Two years bacl	(d) Three years back	(e) Four year	s back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains,					
and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the	current year end balance (lin	ne 1g, column (a)) held	as:		
a Board designated or quasi-endowment ▶	%				
b Permanent endowment ►	<u> </u>				
c Term endowment ►	5				
The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.				
3 a Are there endowment funds not in the poss organization by:	ession of the organization that a	are held and administered	d for the	Yes	No
(i) Unrelated organizations				3a(i)	
(ii) Related organizations				3a(ii)	
b If 'Yes' on line 3a(ii), are the related org				3b	
4 Describe in Part XIII the intended uses of	-				
Part VI Land, Buildings, and Equip					
Complete if the organization		m 990, Part IV, line	e 11a. See Form 99	00, Part X, Iii	ne 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue
1 a Land.		4,419,822.		4,419	,822.
b Buildings					
c Leasehold improvements					
d Equipment		54,105.	39,144.	14	,961.
e Other			·		
Total. Add lines 1a through 1e. (Column (d) m	nust equal Form 990, Part X, o	column (B), line 10c.).		4,434	,783.
DAA		·		lula D (Earm 99)	

Schedule D (Form 990) 2021

	Complete if the						770. I GIL /\. IIIIC 14
		gory (including name of		(b) Book value		d of valuation: Cost or end-	
							-
• •		ts	<u> </u>				
(3) Other			-				
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
(l)							
		90, Part X, column (B) lii					
Part VIII	Investments –	Program Rela	ted.	1)/ 1	N/A	11 0 5	200 D 1 / 1: 1:
	(a) Description of	organization a	inswered				990, Part X, line 13
	(a) Description of	investment		(b) Book value	(c) Method of V	valuation: Cost or end	d-of-year market value
(1)							
(2)							
(3)							
(4)							
(5)			+				
(6) (7)							
(/)							
(8)							
(8) (9)							
(8) (9) (10)	o (b) must equal Form 9	V. Part X. column (B) li	ine 13.) ►				
(8) (9) (10) Total. (Column	Other Assets.	90, Part X, column (B) li		N/i	A		
(8) (9) (10) Total. (Column	Other Assets.		answered	'Yes' on Form 99	A 0, Part IV, line	e 11d. See Form S	
(8) (9) (10) Total. (Column Part IX	Other Assets.			'Yes' on Form 99	A 0, Part IV, line	e 11d. See Form 9	990, Part X, line 19
(8) (9) (10) Total. (Column Part IX	Other Assets.		answered	'Yes' on Form 99	A 0, Part IV, line	e 11d. See Form 9	
(8) (9) (10) Total. (Column Part IX	Other Assets.		answered	'Yes' on Form 99	A 0, Part IV, line	e 11d. See Form S	
(8) (9) (10) Total. (Column Part IX (1) (2) (3)	Other Assets.		answered	'Yes' on Form 99	A 0, Part IV, line	e 11d. See Form 9	
(8) (9) (10) Total. (Column Part IX	Other Assets.		answered	'Yes' on Form 99	A 0, Part IV, line	e 11d. See Form S	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4)	Other Assets.		answered	'Yes' on Form 99	A 0, Part IV, line	e 11d. See Form 9	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets.		answered	'Yes' on Form 99	A 0, Part IV, line	e 11d. See Form 9	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.		answered	'Yes' on Form 99	A 0, Part IV, line	e 11d. See Form 9	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.		answered	'Yes' on Form 99	A 0, Part IV, line	e 11d. See Form 9	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the	e organization a	answered (a) Des	'Yes' on Form 99 cription	0, Part IV, line		(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column	Other Assets. Complete if the	e organization a	answered (a) Des	'Yes' on Form 99	0, Part IV, line		(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X	Other Assets. Complete if the	e organization a	(a) Desc	'Yes' on Form 99 cription	0, Part IV, line		(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X	Other Assets. Complete if the	e organization a	(a) Description (b) (c) (d) 'Yes' on Fo	'Yes' on Form 99 cription 'D' line 15.)	0, Part IV, line		(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1.	Other Assets. Complete if the	e organization a	(a) Description (b) (c) (d) 'Yes' on Fo	'Yes' on Form 99 cription	0, Part IV, line		(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federa	Other Assets. Complete if the	e organization a	(a) Description (b) (c) (d) 'Yes' on Fo	'Yes' on Form 99 cription 'D' line 15.)	0, Part IV, line		(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federa (2) (3)	Other Assets. Complete if the	e organization a	(a) Description (b) (c) (d) 'Yes' on Fo	'Yes' on Form 99 cription 'D' line 15.)	0, Part IV, line		(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federa (2) (3) (4)	Other Assets. Complete if the	e organization a	(a) Description (b) (c) (d) 'Yes' on Fo	'Yes' on Form 99 cription 'D' line 15.)	0, Part IV, line		(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federa (2) (3) (4) (5)	Other Assets. Complete if the	e organization a	(a) Description (b) (c) (d) 'Yes' on Fo	'Yes' on Form 99 cription 'D' line 15.)	0, Part IV, line		(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federa (2) (3) (4) (5) (6)	Other Assets. Complete if the	e organization a	(a) Description (b) (c) (d) 'Yes' on Fo	'Yes' on Form 99 cription 'D' line 15.)	0, Part IV, line		(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federa (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the	e organization a	(a) Description (b) (c) (d) 'Yes' on Fo	'Yes' on Form 99 cription 'D' line 15.)	0, Part IV, line		(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federa (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the	e organization a	(a) Description (b) (c) (d) 'Yes' on Fo	'Yes' on Form 99 cription 'D' line 15.)	0, Part IV, line		(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federa (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the	e organization a	(a) Description (b) (c) (d) 'Yes' on Fo	'Yes' on Form 99 cription 'D' line 15.)	0, Part IV, line		(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federa (2) (3) (4) (5) (6) (7) (8) (9) (10) (10)	Other Assets. Complete if the	e organization a	(a) Description (b) (c) (d) 'Yes' on Fo	'Yes' on Form 99 cription 'D' line 15.)	0, Part IV, line		(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federa (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Other Assets. Complete if the	e organization a	(a) Description	'Yes' on Form 99 cription 'D' line 15.)	0, Part IV, line	rm 990, Part X, line 25	(b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,491,347.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		·
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) SEE PART XIII 2d 1,759.		
e Add lines 2a through 2d.	2 e	3,759.
3 Subtract line 2e from line 1.	3	1,487,588.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	1,487,588.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	737,367.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
2,000		
b Prior year adjustments		
b Prior year adjustments	-	
b Prior year adjustments		
b Prior year adjustments		3,759.
b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) SEE PART XIII 2d 1,759.		3,759. 733,608.
b Prior year adjustments	2 e	
b Prior year adjustments	2 e	
b Prior year adjustments	2 e 3	
b Prior year adjustments	2 e 3	

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 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 5 - SUMMARIZED POLICY

Part XIII Supplemental Information.

CONSERVATION EASEMENTS ARE PERPETUAL VOLUNTARY AGREEMENTS BETWEEN THE TRUST AND PRIVATE OR

PUBLIC LANDOWNERS WHEREBY THE LANDOWNERS AGREE TO ABIDE BY CERTAIN RESTRICTIONS

DESIGNED TO PRESERVE THE OPEN SPACE OR CONSERVATION VALUES OF THEIR LAND. THE TRUST

ACCOMPLISHES ONE OF ITS PRIMARY PROGRAM SERVICE OBJECTIVES, LAND CONSERVATION,

THROUGH TWO KEY PROGRAMS, WORKING FARMS AND RANCHES AND CRITICAL HABITATS, IN

PART, BY ACQUIRING SUCH EASEMENTS. CONSERVATION EASEMENTS DONATED TO OR PURCHASED BY

BAA

Schedule D (Form 990) 2021

PART II, LINE 5 - SUMMARIZED POLICY (CONTINUED)

THE TRUST ARE NOT RECOGNIZED AS ASSETS OR REVENUES IN THE FINANCIAL STATEMENTS
BECAUSE THE TRUST DOES NOT HAVE FEE TITLE TO THE PROPERTIES AND THERE ARE NO EXPECTED
FUTURE ECONOMIC BENEFITS. IF PURCHASED, THE COSTS OF CONSERVATION EASEMENTS ARE
EXPENSED WHEN THE EASEMENTS ARE ACQUIRED. RESTRICTED CONTRIBUTIONS REQUIRE THE
FULFILLMENT OF CERTAIN CONDITIONS AS SET FORTH BY THE DONOR OR FUNDER. FAILURE TO
FULFILL THE CONDITIONS COULD RESULT IN THE RETURN OF THE FUNDS TO THE DONORS OR
FUNDERS. THE TRUST DEEMS THIS CONTINGENCY REMOTE SINCE BY ACCEPTING THE CONTRIBUTIONS
AND GRANT FUNDS AND THEIR TERMS, IT HAS ACCOMMODATED THE OBJECTIVES OF THE
ORGANIZATION TO THE PROVISIONS OF THE CONTRIBUTIONS.

THE TRUST'S MANAGEMENT BELIEVES THE ORGANIZATION HAS COMPLIED WITH THE TERMS OF ALL CONTRIBUTIONS, GRANT FUNDS AND DONATIONS.

AS OF DECEMBER 31, 2021, THE TRUST HELD THE CONSERVATION EASEMENTS OF 16,288 ACRES (NOTE H OFAUDITED FINANCIAL STATEMENTS).

IN ADDITION, THE TRUST HOLDS A DEED RESTRICTION AND OWNS THE SUBSURFACE MINERAL RIGHTS FOR A CEDAR HILLS PROPERTY WITH 3,748 ACRES AND A PARRAGUIRRE PROPERTY WITH 40 ACRES.

PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS

AS OF DECEMBER 31, 2021, THE TRUST HELD THE CONSERVATION EASEMENTS OF 16,288 ACRES. (AUDITED FINANCIAL STATEMENTS).

IN ADDITION, THE TRUST HOLDS A DEED RESTRICTION AND OWNS THE SUBSURFACE MINERAL RIGHTS FOR A CEDAR HILLS PROPERTY WITH 3,748 ACRES AND A PARRAGUIRRE PROPERTY WITH 40 ACRES.

PART III, LINE 1A - F/S FOOTNOTE FOR ART, TREASURES, ETC.

LAND HELD FOR CONSERVATION

PART III, LINE 4 - DESCRIPTION OF ORGANIZATION COLLECTIONS & HOW FURTHERS EXEMPT PURPOSE

A PORTION OF THE TRUST'S NET ASSETS WITHOUT DONOR RESTRICTIONS AT DECEMBER 31, 2021

ARE DESIGNATED FOR CONSERVATION IN THE AMOUNT OF \$4,417,321. THE AMOUNT REPRESENTS

PART III, LINE 4 - DESCRIPTION OF ORGANIZATION COLLECTIONS & HOW FURTHERS EXEMPT PURPOSE (C

THE NET BOOK VALUE OF THE EASEMENTS HELD BY THE TRUST AS REFLECTED IN OTHER ASSETS IN THE ACCOMPANYING FINANCIAL STATEMENTS.

NET ASSETS WITH DONOR RESTRICTIONS CONSIST OF AMOUNTS RESTRICTED BY GRANTORS AND DONORS FOR THE FOLLOWING PURPOSES:

STEWARDSHIP, FIRE RESTORATION, METABOLIC, PRESERVE IT NOW, LTA & OTHER.

THE COVID-19 OUTBREAK IN THE UNITED STATES HAS CAUSED BUSINESS DISRUPTION THROUGH MANDATED AND VOLUNTARY CLOSINGS OF NON-ESSENTIAL BUSINESSES. WHILE THE DISRUPTION IS CURRENTLY EXPECTED TO BE TEMPORARY, THERE IS CONSIDERABLE UNCERTAINTY AROUND THE DURATION OF THE CLOSINGS. THEREFORE, THE TRUST EXPECTS THIS MATTER COULD NEGATIVELY IMPACT ITS OPERATING RESULTS. HOWEVER, THE RELATED FINANCIAL IMPACT AND DURATION CANNOT BE REASONABLY ESTIMATED AT THIS TIME.

SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

DIRECT FUNDRAISING EXPENSES	\$ \$	1,759. 1,759.
SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S		
DIRECT FUNDRAISING EXPENSES	\$ \$	1,759. 1,759.

BAA TEEA3305L 08/30/21 Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number 77-0566099 EASTERN SIERRA LAND TRUST **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e X Solicitation of non-government grants X Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2021 EASTERN SIERRA LAND TRUST 77-0566099 Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 **(b)** Event #2 (c) Other events (add column (a) LANDS AND LEGA NONE through column (c) (event type) (event type) (total number) Revenue **1** Gross receipts..... 119,871 119,871. 2 Less: Contributions..... **3** Gross income (line 1 minus line 2)..... 119,871 119,871. Direct Expenses Rent/facility costs..... 7 Food and beverages **9** Other direct expenses..... 1,759. 1,759. 10 Direct expense summary. Add lines 4 through 9 in column (d)..... 1,759. Net income summary. Subtract line 10 from line 3, column (d)..... 118,112. Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming Revenue (add column (a) through column (c)) (a) Bingo bingo/progressive bingo (c) Other gaming Gross revenue..... Direct Expenses **2** Cash prizes..... Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)..... **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If 'No,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

b If 'Yes,' explain:

Sch	edule G (Form 990) 2021 EASTERN SIERRA LAND TRUST	77-0566099	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		 ☐ No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
ı	b An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:	
	Name ►		
	Address •		
ı	a Does the organization have a contract with a third party from whom the organization receives gaming reve b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and of gaming revenue retained by the third party ▶ \$ c If 'Yes,' enter name and address of the third party:	nue? Yes the amount	s No
	Name •		
	Address •		; -
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		i □No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in		□
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, c	olumns (iii) and	(v);
	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information. See instructions	ny additional	

BAA TEEA3703L 07/12/21 Schedule G (Form 990) 2021

SCHEDULE O (Form 990)

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 Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

EASTERN SIERRA LAND TRUST

Employer identification number

77-0566099

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

ESTABLISHED IN 2001, EASTERN SIERRA LAND TRUST (ESLT) WORKS WITH WILLING LANDOWNERS TO PRESERVE VITAL LANDS IN THE EASTERN SIERRA REGION FOR THEIR SCENIC, AGRICULTURAL, NATURAL, RECREATIONAL, HISTORICAL, AND WATERSHED VALUES. ESLT RECOGNIZES THAT THE LAND WE SHARE HAS LONG BEEN USED IN A VARIETY OF WAYS, AND WE WORK TO PRESERVE A HEALTHY BALANCE OF USES — FROM RANCHING TO HIKING, WILDLIFE HABITATS TO FAVORITE FISHING SPOTS — THAT CAN BE SUSTAINED FOREVER, ENSURING A STRONG LOCAL ECONOMY AND HEALTHY ENVIRONMENT FOR GENERATIONS TO COME. ESLT WORKS TO HELP FAMILIES IN THE FACE OF PRESSURES TO SUBDIVIDE THEIR WORKING FARMS AND RANCHES. WE WORK WITH LANDOWNERS TO PROTECT THE REGION'S CRITICAL HABITATS. WE WORK TO OFFER THE ENTIRE EASTERN SIERRA COMMUNITY, RESIDENTS AND VISITORS, THE OPPORTUNITY TO CONNECT WITH OUR TREASURED LANDS, WILDLIFE AND A RURAL HERITAGE.AS A NATIONALLY ACCREDITED LAND TRUST, ESLT MEETS THE HIGHEST STANDARDS FOR EXCELLENCE, TRUST AND PERMANENCE.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

ESTABLISHED IN 2001, EASTERN SIERRA LAND TRUST (ESLT) WORKS TO PERMANENTLY SAFEGUARD THE EASTERN SIERRA'S TREASURED LANDSCAPES FOR GENERATIONS TO COME. THROUGH CONSERVATION PARTNERSHIPS WITH WILLING LANDOWNERS, WE PROTECT EASTERN SIERRA LANDS FOR THEIR SCENIC, AGRICULTURAL, NATURAL, RECREATIONAL, HISTORIC, AND WATERSHED VALUES. IN OUR 20 YEARS OF SERVICE TO OUR COMMUNITY, ESLT HAS PROTECTED OVER 20,000 ACRES OF CRITICALLY-IMPORTANT WILDLIFE HABITAT, SCENIC MARVELS, AND AGRICULTURAL RESOURCES AGAINST THE THREAT OF POORLY-PLANNED DEVELOPMENT AND SPRAWL THROUGH OUR WORKING FARMS AND RANCHES, CRITICAL HABITATS, AND STEWARDSHIP PROGRAMS.

THROUGH OUR COMMUNITY CONNECTIONS PROGRAM, WE OFFER PEOPLE OF ALL AGES THE OPPORTUNITY TO CONNECT WITH THE LAND, ENCOURAGING A SPIRIT OF STEWARDSHIP IN

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

WEBINARS TO A MORE INCLUSIVE HYBRID FORMAT, HELPING TO BRING THE HOPE OF BEING IN NATURE AND LAND ETHIC CONSERVATION CONCEPTS TO A BROAD COMMUNITY. THE SUNFLOWER GARDEN PROJECT (LOCAL THIRD-GRADERS LEARN ABOUT POLLINATORS, FOOD SYSTEMS, AND LOCAL FOOD) WAS BACK IN ACTION IN 2021, AND OUR EASTSIDE POLLINATOR GARDEN PROJECT (A CERTIFICATION PROCESS TO CREATE POLLINATOR-FRIENDLY GARDENS WITH NATIVE PLANTS)

CERTIFIED 15 NEW GARDENS THROUGH VIRTUAL MEETINGS AND INTERVIEWS. ESLT HELD VIRTUAL CHATS WITH SUPPORTERS THROUGHOUT THE SUMMER, AND HELD OUT ANNUAL LANDS & LEGACY EVENT AS A WEEK-LONG VIRTUAL EVENT.

OUR LAND CONSERVATION PROGRAM (WORKING FARMS AND RANCHES, CRITICAL HABITATS AND STEWARDSHIP), WORKED WITH THE BI-STATE LOCAL AREA WORKING GROUP TO HELP PROTECT THE GREATER BI-STATE SAGE GROUSE THROUGH CONSERVATION EASEMENTS ON WORKING RANCHES IN PRIME HABITAT AREA, PRIMARILY FUNDED BY THE NATIONAL RESOURCE CONSERVATION SERVICE (NRCS) THROUGH THE REGIONAL CONSERVATION PARTNERSHIP PROGRAM (RCPP), AND STATE AND PRIVATE FUNDS. IN 2021, ESLT COMPLETED THE ULLMAN RANCH CONSERVATION EASEMENT, PROTECTING 1,424 ACRES OF WORKING LANDS AND BI-STATE SAGE GROUSE HABITAT, BRING ESLT'S TOTAL PROTECTED-ACRES TO OVER 21,000. DUE TO COVID-19 SAFETY PRECAUTIONS, THE MAJORITY OF ESLT'S REGULAR IN-PERSON EVENTS AND VOLUNTEER STEWARDSHIP DAYS WERE CANCELLED.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

IN OCTOBER 2020, CALIFORNIA'S GOVERNOR NEWSOM SIGNED THE NATURE BASED SOLUTIONS EXECUTIVE ORDER WHICH COMMITTED CALIFORNIA TO COMBAT CLIMATE CHANGE AND PROTECT BIODIVERSITY BY CONSERVING 30% OF LANDS AND WATERS BY 2030.

BY CONSERVING LARGE AREAS OF CALIFORNIA'S LAND AND WATERS, THE GOAL IS TO STABILIZE

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

OUR STATE'S CLIMATE AND PROTECT BOTH RURAL AND URBAN AREAS FROM CLIMATE IMPACTS, INSURING A MORE RESILIENT FUTURE.

THE SIERRA NEVADA IS A CRITICAL AREA TO PROTECT, AND ESLT IS A STRONG SUPPORTER OF THE INITIATIVE. OUR EXECUTIVE DIRECTOR/CEO KAY OGDEN HAS BEEN ACTIVELY WORKING ALONGSIDE A LARGE NETWORK OF ENVIRONMENTAL PROTECTORS INCLUDING CALIFORNIA COUNCIL OF LAND TRUSTS, THE SIERRA CASCADE LAND TRUST COUNCIL, THE SIERRA CONSORTIUM TO GAIN STATEWIDE SUPPORT FOR FUNDING AND IMPLEMENTATION OF 30X30'S STRATEGIES. SHE HAS RECENTLY BEEN APPOINTED TO CALIFORNIA'S NATURAL RESOURCE SERVICE'S (CRNA) 30X30 PARTNERSHIP COORDINATING COMMITTEE FOR A ONE-YEAR TERM.

OVER THE NEXT EIGHT YEARS, EFFORTS WILL BE LED BY CRNA THROUGH THE 30X30

PARTNERSHIP. INCLUSIVE COLLABORATIVE AND VOLUNTARY ACTIONS AMONG COMMUNITIES,

LANDOWNERS, CALIFORNIA'S NATIVE AMERICAN TRIBES, NON-PROFITS LIKE ESLT, SCIENTISTS

AND GOVERNMENT AGENCIES MUST TRANSLATE ITS GOALS INTO ACTION. KEY ARE THE PROTECTION

OF CALIFORNIA'S UNIQUE BIODIVERSITY, EXPANSION OF EQUITABLE ACCESS TO NATURE AND ITS

BENEFITS TO ALL AND CONSERVATION OF PLACES THAT HELP CALIFORNIA ACHIEVE CARBON

NEUTRALITY.

REGIONALLY-LED CONSERVATION IS A 30X30 GOAL. "AT THIS PIVOTAL TIME IN HISTORY, THERE IS URGENCY TO MEET GLOBAL CONSERVATION TARGETS. TOGETHER, WE CAN BUILD UPON STATE-WIDE AND NATIONAL POLICY ADVOCACY AND CAPACITY BUILDING PROGRAMS TO LEVERAGE INCREASED FUNDING FOR CONSERVATION SO THAT OUR EFFORTS TO SAFEGUARD CALIFORNIA'S UNIQUE BIODIVERSITY AND LANDS IN THE MIDST OF EMERGING CLIMATE CHALLENGES ARE COLLABORATIVE AND COMPELLING. TO BE ABLE TO WORK ON CONSERVATION AT SUCH A LARGE SCALE, IS A ONCE-IN-A-LIFETIME OPPORTUNITY THAT WE NEED TO GRAB AHOLD OF," KAY OGDEN,

77-0566099

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

ESLT EXECUTIVE DIRECTOR/CEO, EMPHASIZES.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

EMERITUS BOARD MEMBER TONY TAYLOR AND VOTING BOARD MEMBER BRYNN SHARE FAMILY RELATIONSHIP AS 'FATHER - DAUGHTER'.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE TAX RETURN IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. AFTER COMPLETION OF SAID RETURNS, THE ORGANIZATION IS SENT A DRAFT OF THE TAX RETURNS TO BE REVIEWED AND EXAMINED. THE ORGANIZATION MAKES COPIES OF THE RETURNS AND DISTRIBUTES TO THOSE INDIVIDUALS CHARGED WITH GOVERNANCE. THOSE INDIVIDUALS AT THAT TIME CAN REVIEW AND IF APPLICABLE DISCUSS ANY LINE ITEMS IN THE RETURN WITH THE ACCOUNTANT WHO HAS PREPARED THE RETURN. IF ALL ITEMS ARE FOUND TO BE ACCEPTABLE, AN AUTHORIZATION IS SIGNED AND PROVIDED TO AUTHORIZE THE OUTSIDE ACCOUNTING FIRM TO PROCESS, SIGN AND PROVIDE COPIES OF THE RETURNS TO BE FILED (PAPER OR ELECTRONICALLY) WITH THE DESIGNATED GOVERNMENTAL AGENCIES. THE TAX RETURNS ARE THEN SIGNED BY THE ORGANIZATION, STAMPED AND MAILED WITH CERTIFIED RETURN RECEIPT OR THE SIGNED FORM 8879 IS PROVIDED TO THE OUTSIDE ACCOUNTING FIRM ALLOWING ELECTRONIC FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

WHEN STAFF IS HIRED OR A NEW MEMBER IS APPOINTED TO THE BOARD OF DIRECTORS OR A COMMITTEE, WE ENSURE EVERYONE HAS REVIEWD AND SIGNED THE CONFLICT OF INTEREST POLICY. EACH YEAR AT THE ANNUAL MEETING, BOARD MEMBERS ARE ASKED TO REVIEW THE CONFLICT OF INTEREST POLICY AND DISCLOSE ANY CONFLICTS. ALL BOARD COMMITTEE MEMBER MUST COMPLY WITH THE CONFLICT OF INTEREST POLICY AND SIGN A DISCLOSURE STATEMENT ANNUALLY. ALSO, STAFF MEMBERS MUST REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY EACH YEAR. THE EXECUTIVE DIRECTOR MONITORS FOR ANY POTENTIAL CONFLICTS AND DECIDES IF A CONFLICT DOES EXIST, THEN WILL DISCUSS WITH THE BOARD CHAIR OR EXECUTIVE COMMITTEE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS (BOD) DETERMINE THE EXECUTIVE DIRECTOR COMPENSATION, AND THE EXECUTIVE DIRECTOR DETERMINES STAFF COMPENSATION WHICH IS APPROVED IN THE BUDGET BY THE BOD. COMPARISON OF LOCAL, REGIONAL, STATE AND NATIONAL COMPENSATION GUIDELINES ARE USED FOR ALL STAFF.

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION
FEDERAL TAX RETURNS ARE AVAILABLE AT GUIDESTAR.ORG & CHARITYNAVIGATOR.ORG.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE PRINCIPAL PLACE OF BUSINESS.

THE CONFLICT OF INTEREST POLICY AND THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

TEEA4902L 08/10/21