

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



### Form 990

Department of the Treasury Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OM8 No 1545 0047

2011

Open to Public Inspection

| A                       | For the 2     | 2011 calen        | dar year, or tax year beginning , 2011, and endin  | g  |                                |               | 1                              |  |  |  |
|-------------------------|---------------|-------------------|--|--|--------------------------------|---------------|--------------------------------|--|--|--|
| В                       | Check if app  | plicable          | C  |  | D Employ                       | er Ideni      | tification Number              |  |  |  |
|                         | Addres        | s change          | Skagitonians To Preserve Farmland  |  | 91-1                           | 1484          | 503                            |  |  |  |
|                         | Name          | change            | PO Box 2405  |  | E Telepho                      |               |                                |  |  |  |
|                         | Initial       | -                 | Mount Vernon, WA 98273-2405  | }  | (360) 336-3974                 |               |                                |  |  |  |
|                         | 1ermin        |                   |  | ł  | (300) 330 3374                 |               |                                |  |  |  |
|                         | H             | -                 |  |  | •                              |               | A 211 022                      |  |  |  |
|                         | $\vdash$      | ded return        | 711 7  | 114 5 1 15 1                                       | G Gross re                     | _             |                                |  |  |  |
|                         | Applica       | ation pending     |  | H(a) is this a<br>H(b) Are all                     | -                              |               | <b>₩ # # #</b>                 |  |  |  |
| _                       |               |                   | Same As C Above  |  | annates incli<br>attach a list |               | structions) Yes No             |  |  |  |
| <u>!</u>                |               | npt status        | X 501(c)(3) 501(c) ( ) 		 (insert no ) 4947(a)(1) or 527   |  |                                |               |                                |  |  |  |
| <u>J</u>                | Websit        | e: ► WW           | w.skagitonians.org   | H(c) Group o                                       | xemption nu                    | mber •        | <u> </u>                       |  |  |  |
| K                       | Form of o     | organization'     | X Corporation Trust Association Other L Year of Format   | tion 1989  | <u> M</u> s                    | tate of       | legal domicile WA              |  |  |  |
| Pa                      |               | Summar            |  |  |                                |               |                                |  |  |  |
|                         | 1 Bri         | efly descri       | be the organization's mission or most significant activities Skagiton  | ians to  | Pres                           | erve          | Farmland is                    |  |  |  |
| به                      | _ه_           | member            | ship-based_not-for-profit_organization_dedicat   | ed to  | preser                         | v1n           | g_Skagit                       |  |  |  |
| alc                     | وع            | s <u>'ytru</u> c  | farmers, farming, and farmland   |  |                                |               |                                |  |  |  |
| É                       |               |                   |  |  |                                |               |                                |  |  |  |
| Activities & Governance |               |                   | ightharpoonup if the organization discontinued its operations or disposed of mo  | ore than 25  | 5% of its !                    | net as        | sets                           |  |  |  |
| 8                       |               |                   | ting members of the governing body (Part VI, line 1a)  |  | ٠.                             | _3            | 16                             |  |  |  |
| 98                      |               |                   | dependent voting members of the governing body (Part VI, line 1b)  |  |                                | _4            | 16                             |  |  |  |
| Ξ                       |               |                   | of individuals employed in calendar year 2011 (Part V, line 2a)  |  | . ,                            | 5             | 3                              |  |  |  |
| Ç                       |               |                   | of volunteers (estimate if necessary)  |  |                                | 6             | 75                             |  |  |  |
|                         |               |                   | ed business revenue from Part VIII, column (C), line 12<br>business taxable income from Form 990-T, line 34  | ****   | .                              | 7a<br>7b      | 0.                             |  |  |  |
|                         | DIVE          | t urrierateu      | business taxable income from Form 550-1, line 341  | <del>'</del>                                       |                                | /-            | Current Year                   |  |  |  |
|                         | B Co          | atributions       | and grants (Part VIII, line 1h).   | P1   | rior Year<br>342,0             | 4.2           | 224, 292.                      |  |  |  |
| 单                       | 8 Co          | oram car          | rice revenue (Part VIII) line 20   | -  | 342,0                          | 43.           | 224,292.                       |  |  |  |
| Revenue                 | 10 Inv        | estment in        | come (Part VIII Column (A) lines 3-4 and td)   |  | 3,0                            | nα            | 6,337.                         |  |  |  |
| ě                       | 11 Ott        | ner revenu        | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, ibc, and 11e)   |  | 52,3                           |               | 62,553.                        |  |  |  |
|                         | 12 Tol        | lal revenue       | e – add lines 8 through 11 (must equal PariDvill, column (A), line 12)   | <del></del>  | 397,3                          |               | 293,182.                       |  |  |  |
|                         | 13 Gra        | ants and si       | milar amounis paigl(Rari ), column (A), intes 1-3)   | <del>†                                      </del> | 05.70                          |               | 2,000.                         |  |  |  |
|                         | 14 Be         | nefits naid       | to or for nembers (Part IX, column (A), ine 4)   | <b></b>  |                                |               | 27000.                         |  |  |  |
|                         | 15 Sa         | laries othe       | er compensation-employee benefits (Part IX, column (A), lines 5-10).   | <u> </u>   | 170,9                          | 5.6           | 177,202.                       |  |  |  |
| 8                       |               |                   | fundraising fees (Partix chiumn (A), line 11e)   | <del></del>  | 1/0,5                          | 30.           | 177,202.                       |  |  |  |
| Sie                     |               |                   |  |  |                                | <del></del> - |                                |  |  |  |
| Expenses                |               |                   | ing expenses (Part IX, column (D), line 25) > 75,981.  |  |                                |               |                                |  |  |  |
| ш,                      |               |                   | es (Part IX, column (A), lines 11a-11d, 11f-24e)   |  | 152,2                          | 88.           | 88,187.                        |  |  |  |
|                         | 18 Tot        | al expense        | es Add lines 13-17 (must equal Part IX, column (A), line 25)   |  | 323,2                          | 44.           | 267,389.                       |  |  |  |
|                         | 19 Re         | venue less        | expenses Subtract line 18 from line 12   | <u> </u>   | 74,1                           | 49.           | 25,793.                        |  |  |  |
| 8 6                     |               |                   | 1  | Beginnin   | of Current                     |               | End of Year                    |  |  |  |
| 100                     |               |                   | Part X, line 16)   | .  | 543,4                          |               | 572,874.                       |  |  |  |
| 48                      | <b>21</b> Tot | al habilitie      | s (Part X, line 26)  |  | 8,1                            | 63.           | <u>11,715.</u>                 |  |  |  |
| z.                      | 22 Net        | l assets or       | fund balances Subtract line 21 from line 20  |  | 535,2                          | 87.           | 561,159.                       |  |  |  |
| Pa                      | rt II         | Signatur          | e Block  |  | -                              |               |                                |  |  |  |
| Und                     | r pengities   | of perjujy, I d   | plare that I have examined this return, including accompanying schedules and statements, and to<br>yer (other than officer) is bested on all information of which preparer has any knowledge | the best of m                                      | y knowledge                    | and bel       | lief, it is true, correct, and |  |  |  |
| com                     | piete Decia   | ration of prep    | er (other than officer) is based on all information of which preparer has any knowledge  |  |                                |               |                                |  |  |  |
|                         |               |                   | fended tore treasurer  |  | 5/17                           | 115           | <u> </u>                       |  |  |  |
| Sig                     | n             | Sylnaty           | e of officer   | Date   | e /                            | ,             |                                |  |  |  |
| He                      | re            | <b>▶</b> <u>₩</u> | Vendy L. Pare, I reasurer  |  |                                |               |                                |  |  |  |
|                         |               | Type or           | print name and file  |  |                                |               |                                |  |  |  |
|                         |               | Print/Type p      | reparer's name Preparer's signature / Date   |  | Check                          | 11            | PTIN ,                         |  |  |  |
| Pai                     | d             | Scott             | Wroblewski, CPA > - Alt W/1/2 5/15/  | 12   | self employe                   | d l           | P01401095 '                    |  |  |  |
|                         | parer         | Firm's name       | ► Jones & Associates LLC, CPAS   |  |                                |               |                                |  |  |  |
|                         | Only          | firms addre       |  |  | Firm's EIN                     | - 20-         | -5828888                       |  |  |  |
|                         | -             |                   | Seattle WA 98125-7646  |  | Ob                             | 1206          |                                |  |  |  |

SCANNED JUN 2 1 2012

May the IRS discuss this return with the preparer shown above? (see instructions)

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

7 5

TEEA0113L 08/18/11

Form 990 (2011)

No

X Yes

|  | Preserve Farmland            |   | 91-1484503              | Page 2              |
|--|------------------------------|---|-------------------------|---------------------|
| Part III Statement of Program Se   | •                            |   |                         |                     |
| Check if Schedule O contains a   |                              | this Part III                           |                         | X                   |
| Briefly describe the organization's miss                                     |                              |   |                         |                     |
| <u>Skagitonians to Preserve</u>  |                              |   |                         |                     |
| <u>dedicated</u> to preserving   | Skagit County's fa           | rmers, farming, and far                 | mland.                  |                     |
|  |                              |   |                         |                     |
| 2 Did the organization undertake any sig                                     |                              | was the year which were not listed or   | a the error             |                     |
| Form 990 or 990-EZ?  | nincant program services dur | ing the year which were not listed or   | Yes                     | X No                |
| If 'Yes,' describe these new services of                                     | n Schadula O                 |   |                         | M NO                |
| 3 Did the organization cease conducting,                                     |                              | in how it conducts, any program ser     | rvices? Yes             | X No                |
| If 'Yes,' describe these changes on Sci                                      |                              | The tree conducts, any program ser      | vices.                  | <u>N</u> 110        |
| 4 Describe the organization's program se                                     |                              | ach of its three largest program servi  | ices as measured by     | evnenses            |
| Section 501(c)(3) and 501(c)(4) organiothers, the total expenses, and revenu | zations and section 4947(a)( | I) trusts are required to report the an | nount of grants and all | locations to        |
| 4a (Code Expenses \$   | 117,678. including g         | rants of \$) (R                         | evenue \$               | )                   |
| See Schedule O   |                              |   |                         |                     |
|  |                              | <u></u>                                 |                         |                     |
|  |                              |   |                         |                     |
|  | <b></b>                      | <u> </u>                                |                         |                     |
|  |                              |   |                         | _ <b></b>           |
|  | - <b></b>                    |   |                         |                     |
|  |                              |   |                         |                     |
|  |                              |   |                         |                     |
|  |                              |   |                         |                     |
|  |                              |   |                         |                     |
|  | <del>-</del>                 | , <b></b>                               |                         |                     |
| CITA A Supplement  |                              | 1                                       |                         |                     |
| 4b (Code. (Expenses \$   | including g                  | rants of \$) (R                         | evenue \$               | )                   |
|  |                              |   |                         |                     |
|  |                              |   |                         |                     |
|  |                              | <u></u>                                 |                         |                     |
|  | <del></del>                  | , <b></b>                               |                         |                     |
|  |                              | , <b></b>                               |                         |                     |
|  |                              |   |                         |                     |
|  |                              | ! <del> </del>                          |                         |                     |
|  |                              |   |                         |                     |
|  |                              |   |                         |                     |
|  |                              |   |                         |                     |
|  |                              |   |                         |                     |
|  |                              | 1                                       |                         |                     |
| 4c (Code. Expenses \$  | including g                  |   |                         | )                   |
|  | <del>-</del>                 |   |                         |                     |
|  |                              | ;                                       |                         |                     |
|  |                              |   |                         |                     |
|  |                              |   |                         |                     |
|  |                              |   |                         |                     |
|  |                              | <del></del>                             |                         | <b>-</b> -          |
|  |                              | <del></del>                             |                         |                     |
|  |                              | <del></del>                             |                         |                     |
|  |                              | ,                                       |                         |                     |
|  |                              |   |                         |                     |
|  |                              |   |                         |                     |
| 4d Other program services (Describe in S                                     | chedule O )                  |   | <del></del>             |                     |
|  | including grants of \$       | ) (Revenue \$                           |                         | )                   |
|  | 117,678.                     |   |                         |                     |
| BAA  | TEEA0102L                    | 07/05/11                                | Forn                    | n <b>990</b> (2011) |

No

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х

Χ

Х

Х

Х

Х

Х

Х

Yes

X

Χ

Χ

Х

Х

1

2

3

4

5

6

7

8

9

10

11 a

11<sub>b</sub>

11 c

11 d

11 e

111

12a

12b

13

14a

14b

15

16

17

18

19

20

20 b

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 A

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?

|   |      |   | ct or indirect<br>Schedule C, | campaign | activities | on beh | alf of o | r in oppos | ition to | candı | dates |
|---|------|---|-------------------------------|----------|------------|--------|----------|------------|----------|-------|-------|
| _ | <br> | _ |                               |          | !          |        |          |            |          |       |       |

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

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

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III

**9** Did the organization report an amount in Part X, line 21, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V

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

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— 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 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

12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII

**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, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If'Y if Y if Y if Y if Y is the organization a school described in section 170(b)(1)(A)(ii)? Y if Y is the organization as chool described in section 170(b)(1)(A)(ii)?

14a Did the organization maintain an office, employees, or agents outside of the United States?

**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 assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? 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

20 a Did the organization operate one or more hospital facilities? If 'Yes, complete Schedule H

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2011)

Х

|             | (  |           | Yes       | No     |
|-------------|--|-----------|-----------|--------|
| 21          | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II   | 21        |           | Х      |
| 22          | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25   | 24a       |           | х      |
| b           | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b       |           | -      |
|             | 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           | I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  | 24d       | ļ         | ļ      |
| 25 a        | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I  | 25a       |           | X      |
| t           | 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          | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II   | 26        |           | Х_     |
| 27          | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III                        | 27        |           | X      |
|             | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |           |           | ,      |
| a           | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV  | 28a       |           | X      |
| t           | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV   | 28b       |           | Х      |
|             | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 28c<br>29 |           | X      |
|             |  | 2.5       | <b></b> - |        |
| 30<br>31    | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I                                     | 30<br>31  |           | X      |
|             |  | <u> </u>  |           |        |
| 32          | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II   | 32        |           | Х      |
| 33          | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <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, Parts II, III, IV, and V, line 1  | 34        |           | х      |
| <b>35</b> a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a       | •         | Х      |
| t           | 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       |           | Х      |
| 36          | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2   | 36        |           | х      |
| 37          | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI  | 37        |           | х      |
| 38          | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O   | 38        | Х         |        |
| BAA         |  | Form      | 990 (     | (2011) |

| Check if Schedule O contains a response to any question in this Part V  |       |       | Γ  |
|---|-------|-------|----|
|   |       | Yes   | No |
| 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  | 4     |       |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.   | 0     |       |    |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |       |       |    |
| (gambling) winnings to prize winners?   | 1 c   | Х     |    |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State  |       |       | }  |
| ments, filed for the calendar year ending with or within the year covered by this return  | 3     | ١,,   |    |
| 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)   |       |       |    |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a    | ļ     | X  |
| <b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O  | 3b    | !<br> | -  |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                           | 4a    |       | Х  |
| <b>b</b> If 'Yes,' enter the name of the foreign country  |       |       |    |
| See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts   |       |       |    |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a    |       | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b    |       | Х  |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?  | 5c    |       |    |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization  |       |       |    |
| solicit any contributions that were not tax deductible?   | 6a    |       | X  |
| <b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were  | ١     |       |    |
| not tax deductible?   | 6b    | ļ     |    |
| 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?   | 7a    |       | x  |
| <b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  | 7b    |       |    |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file   |       |       |    |
| Form 8282?  | 7c    |       | X  |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year   | ┥ _   |       | ١  |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e    |       | X  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f    |       | X  |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g    |       |    |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7 h   |       |    |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8     |       |    |
| 9 Sponsoring organizations maintaining donor advised funds.   |       |       |    |
| a Did the organization make any taxable distributions under section 4966?   | 9a    |       | i  |
| <b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?   | 9b    |       |    |
| 10 Section 501(c)(7) organizations. Enter   |       |       |    |
| a Initiation fees and capital contributions included on Part VIII, line 12  |       |       |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |       |       |    |
| 11 Section 501(c)(12) organizations. Enter  |       |       |    |
| a Gross income from members or shareholders   | _   ' |       |    |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )  |       |       |    |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a   |       |    |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b   |       |       |    |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.   |       |       |    |
| a Is the organization licensed to issue qualified health plans in more than one state?  | 13a   |       |    |
| Note. See the instructions for additional information the organization must report on Schedule O.   |       |       |    |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   |       |       |    |
| c Enter the amount of reserves on hand  | ┦     |       |    |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?  | 14a   |       | Х  |
| <b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O  | 14b   |       |    |

Form 990 (2011) Skagitonians To Preserve Farmland 91-1484503 Page 6 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 in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI **Section A. Governing Body and Management** Yes No 16 1a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 16 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body? 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Х 8ь **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or 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 in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a 10a Did the organization have local chapters, branches, or affiliates? b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O X 12a Did the organization have a written conflict of interest policy? If 'No," go to line 13 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х Schedule O how this is done See Schedule O 12c 13 Did the organization have a written whistleblower policy? 13 X Х 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official See Schedule 0 15a **b** Other officers of key employees of the organization See Schedule O Х 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > WA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply |X| Upon request Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization

TEEA0106L 01/23/12

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

Check if Schedule O contains a response to any question in this Part VII

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

| Check this box if neither the organization | n nor any   | relate                         | d or   | gan     | ızat         | ion co                       | mpe         | ensated any current of                            | fficer, director, or trus                              | stee   |
|--|---|--------------------------------|--|---------|--------------|------------------------------|-------------|---|--|--|
|  | box if neither the organization nor any related organization compens        |                                |  |         |              |                              |             |   |  |  |
| (A)<br>Name and title                      | (B) Average hours per week  | unles                          | Position (do not check more than one unless person is both an offi and a director/trustee) |         |              | h an offi                    | box,<br>cer | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation               |
|  | (describe<br>hours for<br>related<br>organiza<br>tions in<br>Schedule<br>O) | Individual trustee or director | Institutional trustee  | Officer | Key employee | Highest compensated employee | Former      | (W 2/1099 MISC)                                   | (W 2/1099-MISC)  | from the<br>organization<br>and related<br>organizations |
| _(1) Bob Hart                              |   |                                |  |         |              | :                            |             |   | _  | _  |
| President                                  | 2.5   | X                              | _  | Х       |              | 1                            |             | 0.  | 0.   | 0.   |
| (2) Darrin Morrison Vice President         | 1   | х                              |  | Х       |              |                              |             | 0.  | 0.   | 0.   |
| (3) Wendy Pare                             | }   |                                |  |         |              |                              |             |   |  |  |
| Treasurer                                  | 5   | X                              |  | Х       |              |                              |             | 0.  | 0.   | 0.   |
| _(4) John_Roozen<br>Secretary              | 2   | X                              |  | Х       |              | i                            |             | 0.  | 0.   | 0.   |
| (5) Earl Angevine Member                   | 2   | Х                              |  |         |              | -                            |             | 0.  | 0.1  | 0.   |
| (6) Julie Blazek Member                    | 1   | Х                              |  |         |              |                              |             | 0.  | 0.   | 0.   |
| (7) Peggy Flynn Member                     | 1   | х                              |  |         | -            | 1                            |             | 0.  | 0.   | 0.   |
| (8) Dave Hedlin Member                     | 2   | Х                              |  |         |              |                              |             | 0.  | 0.   | 0.   |
| (9) Jessica Gigot<br>Member                | 2   | Х                              |  |         |              | -                            |             | 0.  | 0.   | 0.   |
| (10) Tim Knue<br>Member                    | 1   | Х                              |  |         |              | -                            |             | 0.  | 0.   | 0.   |
| (11) Stephen Jones Member                  | 1   | Х                              |  |         |              | _                            |             | 0.  | 0.   | 0.   |
| (12) Janet McRae<br>Member                 | 1   | Х                              |  |         |              | -                            |             | 0.  | 0.   | 0.   |
| (13) Alan Mesman Past President            | 2   | Х                              |  |         |              |                              |             | 0.  | 0.   | 0.   |
| (14) Steve Sakuma Member                   | 2   | Х                              |  |         |              |                              |             | 0.  | 0.   | 0.   |

| Part VII   Section A. Officers, Directors, Trust   | ees, i  | <u>\ey</u>         | Em             | pic          | ye   | es,                           | and           | Hignest Com  | pensated Emp                             | oyees    | (cont)                              |
|--|---|--------------------|----------------|--------------|--|-------------------------------|---------------|--|--|----------|-------------------------------------|
|  |   |                    |                | -            | C)   |                               |               |  |  |          |                                     |
| (A)  | (B)   |                    | not cl         | heck         | Position<br>leck more than one<br>is person is both an |                               |               | (D)  | (E)                                      | _        | (F)                                 |
| Name and title   | Average<br>hours  | offi               | cer an         |              |  |                               |               | Reportable compensation from   | Reportable compensation from             | amo      | stimated<br>unt of other            |
|  | per<br>week<br>(describ<br>e<br>hours<br>for<br>related<br>organi | or in              | sui            | Officer      | Key  | Hig<br>em                     | For           | the organization<br>(W 2/1099 MISC)  | related organizations<br>(W 2/1099 MISC) | 1        | npensation<br>rom the<br>janization |
|  | e   | direc              | institutional  | Cer          | em   | Highest compensat<br>employee | Former        |  |  | ar       | nd related<br>anizations            |
|  | 1or<br>related  | tor                | onal           | 1            | employee   | соп                           |               |  |  | O.y      | BI 1124 (10113                      |
|  | organi  | stee               | trustee        | İ            | æ  | pens                          |               |  |  |          |                                     |
|  | Sch O)  |                    | ee             |              |  | ated                          |               |  |  |          |                                     |
|  | <u> </u>  |                    |                | 1            | ļ  |                               |               |  |  |          |                                     |
| (15) Sandy Swartos Member  | 1   | x                  |                | ,<br>,<br>,  |  |                               |               | 0.   | 0.                                       |          | 0.                                  |
| (16) Brian Waltner Member  | 1   | X                  |                | ı            |  |                               |               | 0.   | 0.                                       |          | 0.                                  |
| (17) Allen Rozema  |   |                    |                | 1            |  |                               |               |  |  |          |                                     |
| Executive Direc  | 40  |                    |                | Х            |  |                               |               | 72,100.  | 0.                                       |          | 3,000.                              |
| (18)   | İ   |                    |                | 1            |  |                               |               |  |  |          |                                     |
|  |   | <u> </u>           |                | 1            |  |                               |               |  |  |          |                                     |
| <u>(19)</u>  |   |                    |                | 1            |  |                               |               |  |  |          |                                     |
| (20)   |   |                    |                | l            |  |                               |               |  |  |          |                                     |
| <u>(21)</u>  |   |                    |                | İ            | -  |                               |               |  |  |          |                                     |
| (22)   |   |                    |                | ,            |  |                               |               |  | -  |          |                                     |
| (23)   |   |                    |                |              |  |                               |               |  |  |          |                                     |
| (24)   | -   |                    |                |              |  |                               |               |  |  |          |                                     |
| (24)   |   |                    |                |              |  |                               |               |  |  |          |                                     |
| (25)   |   |                    |                |              |  |                               |               |  |  |          |                                     |
| 1 b Sub-total  | 1   |                    |                | 1            |  | I                             | •             | 72,100.  | 0.                                       |          | 3,000.                              |
| c Total from continuation sheets to Part VII, Section  | Α   |                    |                |              |  |                               | •             | 0.   | 0.                                       |          | 0.                                  |
| d Total (add lines 1b and 1c)  |   |                    |                | 1            |  |                               | •             | 72,100.  | 0.                                       |          | 3,000.                              |
| 2 Total number of individuals (including but not limite  | d to the  | ose I              | ıstec          | l¦ab         | ove)   | ) wh                          | o re          | ceived more than   | \$100,000 of report                      | able cor | npensation                          |
| from the organization   0  |   |                    |                | 1            |  |                               |               |  |  |          | <del></del>                         |
|  |   |                    |                | 1            |  |                               |               |  |  | Γ        | Yes No                              |
| 3 Did the organization list any former officer, director<br>on line 1a? If 'Yes,' complete Schedule J for such ii  | or trus<br>าdıvıdu  | itee,<br><i>al</i> | key            | em           | ploy   | ee, o                         | or hi         | ighest compensate  | ed employee                              | 3        | l x                                 |
| 4 For any individual listed on line 1a, is the sum of re   |   |                    | mne            | nsa          | tion   | and                           | oth           | er compensation  | from                                     |          |                                     |
| the organization and related organizations greater the   | nan \$1   | 50,0               | 00's           | If 'Y        | 'es'   | com                           | plet          | e Schedule J for   |  |          | ,                                   |
| such individual  |   |                    |                |              |  |                               |               |  |  | 4        | X                                   |
| 5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or accrue to the organization of the services rendered to the organization. | ompen<br>comple   | satio<br>te Si     | on tro<br>ched | om i<br>lule | any<br><i>J fo</i>                                     | unre<br>r suc                 | elate<br>ch p | ed organization or<br>erson  | individual                               | 5        | l x                                 |
| Section B. Independent Contractors   |   |                    |                | 1            |  |                               |               |  |  |          | •                                   |
| Complete this table for your five highest compensate compensation from the organization. Report compensation.  | ed indensation  | epen<br>for        | dent<br>the d  | cor<br>cale  | ntrac<br>nda   | ctors<br>r yea                | tha<br>ar er  | t received more the transfer of the transfer o | nan \$100,000 of<br>in the organization  | s tax ye | ar                                  |
| (A) Name and business addres   | _   |                    |                |              |  |                               |               | (B)  | of convec                                |          | C)                                  |
| Name and business addres   | S   |                    |                | 1            |  |                               |               | Description  | or services                              | Compe    | nsation                             |
|  |   |                    |                | ì            |  |                               |               |  |  |          |                                     |
|  |   |                    |                |              |  |                               |               |  |  |          |                                     |
|  |   |                    |                | +            |  |                               | -             |  |  |          |                                     |
|  |   |                    |                | ŀ            |  |                               |               |  |  |          |                                     |
|  |   |                    |                |              |  |                               |               |  |  |          |                                     |
| 2 Total number of independent contractors (including   |   | t lım              | ıted           | to th        | nose   | e list                        | ed a          | bove) who receive  | ed more than                             |          |                                     |
| \$100,000 in compensation from the organization  | 0   |                    |                | i            |  |                               |               |  |  |          |                                     |
|  |   |                    |                |              |  |                               |               |  |  |          |                                     |

|   |  | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|--|----------------------|--|---|---|
| CONTRIBUTIONS, GIFTS. GRANTS<br>AND OTHER SIMILAR AMOUNTS | 1 a Federated campaigns     1 a       b Membership dues     1 b       c Fundraising events     1 c     37,730.       d Related organizations     1 d       e Government grants (contributions)     1 e                 |                      |  |   |   |
| ONTRIBUTIONS<br>IND OTHER SIN                             | f All other contributions, gifts, grants, and similar amounts not included above  1 1 186,562.  g Noncash contributions included in lns 1a-1f  |                      |  |   |   |
| EVENUE C  | h Total. Add lines 1a-1f  Business Code  2a  | 224,292.             |  | es, a separate                          |   |
| PROGRAM SERVICE REVENUE                                   | bcd  |                      |  |   |   |
| PROGRAM   | f All other program service revenue g Total. Add lines 2a-2f  ▶  | 1                    |  |   |   |
|   | <ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> <li>Royalties</li> </ul>   | 6,337.               |  |   | 6,337.  |
|   | (i) Real (ii) Personal  6a Gross rents b Less rental expenses c Rental income or (loss)  |                      |  |   |   |
|   | 7 a Gross amount from sales of assets other than inventory b Less cost or other basis  |                      |  |   |   |
|   | and sales expenses c Gain or (loss) d Net gain or (loss)   |                      |  |   |   |
| OTHER REVENUE   | 8a Gross income from fundraising events (not including \$ 37,730. of contributions reported on line 1c) See Part IV, line 18 a 81,069. b Less direct expenses b 18,641. c Net income or (loss) from fundraising events | 62,428.              |  |   | 62,428.   |
|   | 9a Gross income from gaming activities See Part IV, line 19  b Less' direct expenses  b  | 02,120.              |  |   | 02,120.   |
|   | c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances   |                      |  |   |   |
| _   | b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code   |                      |  |   |   |
|   | 11a Miscellaneous 900099 b c   | 125.                 | 125.                                   |   |   |
|   | d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions  | 125.                 | 125.                                   | 0.                                      | 68,765.   |

Page 10

#### 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) but are not required to complete columns (B), (C), and (D)

| _         | Check if Schedule O contains a re  | esponse to any question | in this Part IX              |                                     |                                |
|-----------|--|-------------------------|------------------------------|-------------------------------------|--------------------------------|
| Do<br>6b, | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.   | (A) Total expenses      | (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraising<br>expenses |
|           | Grants and other assistance to governments and organizations in the United States See Part IV, line 21   | 2,000.                  | 2,000.                       |                                     |                                |
| 2         | Grants and other assistance to individuals in the United States See Part IV, line 22   |                         |                              |                                     |                                |
| 3         | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16   |                         |                              |                                     |                                |
| 4<br>5    | Benefits paid to or for members<br>Compensation of current officers, directors,<br>trustees, and key employees   | 75,100                  | 63,895.                      | 7,480.                              | 3,725.                         |
| 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   | 79,081.                 | 16,782.                      | 10,155.                             | 52,144.                        |
| 8         | Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)   | 1                       | _                            |                                     |                                |
| 9         | Other employee benefits  | 6,420:                  | 1,723.                       | 1,237.                              | 3,460.                         |
| 10        | Payroll taxes  | 16,601.                 | 8,224.                       | 2,349.                              | 6,028.                         |
| 11        | Fees for services (non-employees)  |                         |                              |                                     |                                |
|           | a Management   | · I                     |                              |                                     |                                |
| ı         | <b>o</b> Legal   | 1                       |                              |                                     |                                |
|           | Accounting   | 9,579.                  |                              | 9,579.                              |                                |
|           | d Lobbying   | 1                       |                              | ·                                   |                                |
|           | e Professional fundraising services See Part IV, line 17   |                         |                              |                                     |                                |
| 1         | Investment management fees   |                         |                              |                                     |                                |
|           | n Other  | 13,322.                 | 6,924.                       | 4,598.                              | 1,800.                         |
|           | Advertising and promotion  | 1,492.                  | 1,492.                       | , -                                 | ,                              |
| 13        | Office expenses  | 8,985.                  | 2,312.                       | 6,028.                              | 645.                           |
| 14        | Information technology   | 2,520.                  | 791.                         | 1,729.                              |                                |
| 15        | Royalties  | 2,020.                  | ,,,,,                        | -,                                  |                                |
| 16        | Occupancy  | 19,009.                 | †                            | 19,009.                             |                                |
| 17        | · · ·  | 307.                    | 68.                          | 15,005.                             | 239.                           |
|           | Payments of travel or entertainment expenses for any federal, state, or local public officials   | 307.                    | 00.                          |                                     | 233.                           |
|           | Conferences, conventions, and meetings Interest  | 1,202.                  | 403.                         | 372.                                | 427.                           |
| 21        | Payments to affiliates   |                         |                              |                                     |                                |
| 22        | Depreciation, depletion, and amortization  | 4,204.                  |                              | 4,204.                              | ····                           |
| 23<br>24  | Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | 3,283.                  |                              | 3,283.                              |                                |
|           | Events   | 9,791.                  | 6,068.                       |                                     | 3,723.                         |
|           | Postage and Shipping   | 3,705.                  | 1,485.                       | 1,452.                              | 768.                           |
|           | : Land Transaction Costs   | 3,203.                  | 3,203.                       |                                     |                                |
|           | Bank Fees  | 2,810.                  |                              | 47.                                 | 2,763.                         |
|           | All other expenses   | 4,775.                  | 2,308.                       | 2,208.                              | 259.                           |
|           | Total functional expenses Add lines 1 through 24e  | 267,389.                | 117,678.                     | 73,730.                             | 75,981.                        |
|           | 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                                  |                         |                              |                                     |                                |
|           | SOP 98-2 (ASC 958-720)   |                         |                              |                                     |                                |
|           |  |                         |                              | I                                   | Form <b>990</b> (2011)         |

|                       |      |  | 1   |                  | (A)<br>Beginning of year |      | ( <b>B)</b><br>End of year            |
|-----------------------|------|--|---|------------------|--------------------------|------|---------------------------------------|
|                       | 1    | Cash - non-interest-bearing  |   |                  | 142,995.                 | 1    | 120,522.                              |
|                       | 2    | Savings and temporary cash investments   | I   | Ī                | 359,687.                 | 2    | 381,083.                              |
|                       | 3    | Pledges and grants receivable, net   |   | Ī                | 21,586.                  | 3    | · · · · · · · · · · · · · · · · · · · |
|                       | 4    | Accounts receivable, net   | ı   |                  |                          | 4    |                                       |
|                       | 5    | Receivables from current and former officers, director and highest compensated employees. Complete Part  | rs, trustees, key emp<br>II of Schedule L       | loyees,          |                          | 5    |                                       |
|                       | 6    | Receivables from other disqualified persons (as defin persons described in section 4958(c)(3)(B), and contisponsoring organizations of section 501(c)(9) voluntal organizations (see instructions) | nd l  |                  | 6                        |      |                                       |
| A<br>S<br>E<br>T<br>S | 7    | Notes and loans receivable, net  | 1   | [                |                          | 7    |                                       |
| E                     | 8    | Inventories for sale or use  | i   |                  |                          | 8    |                                       |
| S                     | 9    | Prepaid expenses and deferred charges  |   |                  | 2,000.                   | 9    | 1,730.                                |
|                       | 10 a | Land, buildings, and equipment cost or other basis<br>Complete Part VI of Schedule D   | 10a 33  | , 255.           |                          |      |                                       |
|                       | l b  | Less accumulated depreciation  | <b>10b</b> 20                                   | ,276.            | 17,182.                  | 10 c | 12,979.                               |
|                       | 11   | Investments - publicly traded securities   | 1   |                  |                          | 11   | 56,560.                               |
|                       | 12   | Investments - other securities See Part IV, line 11  | 1   |                  |                          | 12   |                                       |
|                       | 13   | Investments - program-related See Part IV, line 11   |   | [                |                          | 13   |                                       |
|                       | 14   | Intangible assets  |   |                  |                          | 14   |                                       |
|                       | 15   | Other assets. See Part IV, line 11   |   |                  |                          | 15   |                                       |
|                       | 16   |  | 34)   |                  | 543,450.                 | 16   | 572,874.                              |
|                       | 17   | · ·  | i   | ļ                | 8,163.                   | 17   | 11,715.                               |
|                       | 18   | Grants payable   | 1   |                  |                          | 18   |                                       |
|                       | 19   | Deferred revenue   |   |                  |                          | 19   |                                       |
| Ļ                     | 20   | Tax-exempt bond liabilities  |   | }                |                          | 20   |                                       |
| A<br>B<br>I           | 21   | Escrow or custodial account liability Complete Part  |   | . }              |                          | 21   |                                       |
| L<br>I<br>T           | 22   | Payables to current and former officers, directors, tru<br>highest compensated employees, and disqualified pe<br>of Schedule L   | rsons Complete Part                             | s,<br>t II       |                          | 22   |                                       |
| E<br>S                | 23   | Secured mortgages and notes payable to unrelated the   | nird parties                                    |                  |                          | 23   | <del></del>                           |
| S                     | 24   | Unsecured notes and loans payable to unrelated third   | •   | L                |                          | 24   |                                       |
|                       | 25   | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com   | es to related third par<br>plete Part X of Sche | rties,<br>dule D |                          | 25   |                                       |
|                       | 26   | Total liabilities. Add lines 17 through 25   | 1571  |                  | 8,163.                   | 26   | 11,715.                               |
| N<br>E<br>T           |      | Organizations that follow SFAS 117, check here ►   | X and complete lir                              | nes              |                          |      |                                       |
|                       |      | 27 through 29 and lines 33 and 34.   | į   |                  | F12 060                  |      | E24 200                               |
| SS                    | 27   | Unrestricted net assets  |   | L                | 513,068.                 |      | 534,209.                              |
| Š                     | 28   | Temporarily restricted net assets  | 1   | -                | 22,219.                  | 28   | 26,950.                               |
| O<br>R                | 29   |  | > 🗆   |                  |                          | 29   | <del></del>                           |
|                       |      | Organizations that do not follow SFAS 117, check he lines 30 through 34.   | ere F [ ] and compl                             | ete              |                          |      |                                       |
| UZC                   | 30   |  |   |                  |                          | 30   |                                       |
|                       | 31   |  | nent fund                                       | 1                |                          | 31   |                                       |
| ř                     |      | Retained earnings, endowment, accumulated income   |   | ŀ                |                          | 32   |                                       |
| めずつるというの              | 33   | Total net assets or fund balances  | 1   | F                | 535,287.                 | 33   | 561,159.                              |
| Š                     | 34   | Total liabilities and net assets/fund balances   | 1   | ľ                | 543,450.                 | 34   | 572,874.                              |

BAA

| Form 990 (2011) Skagitonians To Preserve Farmland:  | 91-1484503         |      | Pa            | ge 12    |
|---|--------------------|------|---------------|----------|
| Part XI Reconciliation of Net Assets  |                    |      |               | _        |
| Check if Schedule O contains a response to any question in this Part XI   |                    |      |               | X        |
|   | 1 1                |      |               |          |
| 1 Total revenue (must equal Part VIII, column (A), line 12)   | 1                  |      | 93,1          |          |
| 2 Total expenses (must equal Part IX, column (A), line 25)  | 2                  |      | 67 <u>,</u> 3 |          |
| 3 Revenue less expenses Subtract line 2 from line 1   | 3                  |      | <u> 25,7</u>  |          |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4                  | 5    | <u>35,2</u>   |          |
| 5 Other changes in net assets or fund balances (explain in Schedule O) See Schedule O   | 5                  |      | _             | 79.      |
| 6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))   | 6                  | 5    | 61,1          | 59.      |
| Part XII Financial Statements and Reporting   |                    |      |               | _        |
| Check if Schedule O contains a response to any question in this Part XII  |                    |      |               | $\Box$   |
|   |                    |      | Yes           | No       |
| 1 Accounting method used to prepare the Form 990 Cash X Accrual Other   |                    |      |               |          |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O  |                    |      |               |          |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  |                    | 2a   |               | <u>X</u> |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?   |                    | 2b   |               | <u>X</u> |
| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi review, or compilation of its financial statements and selection of an independent accountant?   | ght of the audit,  | 2c   |               |          |
| If the organization changed either its oversight process or selection process during the tax year, explain Schedule O   | n                  |      |               |          |
| <b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we separate basis, consolidated basis, or both  | ere issued on a    |      |               |          |
| Separate basis Consolidated basis Both consolidated and separate basis  |                    |      |               |          |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?   | in the Single      | 3a   |               | X        |
| <b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken; to undergo such audits | the required audit | 3ь   |               |          |
| BAA   |                    | Form | 990 (         | 2011)    |

#### SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Employer identification number

| Name   | ame of the organization Employer identification number   |  |                                  |                           |  |                                 |  |           |   |                        |   |  |
|--------|--|--|----------------------------------|---------------------------|--|---------------------------------|--|-----------|---|------------------------|---|--|
|        | kagitonians To Preserve Farmland 91-1484503  |  |                                  |                           |  |                                 |  |           |   |                        |   |  |
| Par    | Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.   |  |                                  |                           |  |                                 |  |           |   |                        |   |  |
| The    | ne organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) |  |                                  |                           |  |                                 |  |           |   |                        |   |  |
| 1      |  | A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).  |                                  |                           |  |                                 |  |           |   |                        |   |  |
| 2      | П  | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  |                                  |                           |  |                                 |  |           |   |                        |   |  |
| 3      | Г  | A ho   | ospital or a coop                | erative hospital service  | ce organization describe   | ed in <b>sec</b>                | ction 17   | 0(b)(1)(  | <b>А</b> )(ні).                                 |                        |   |  |
| 4      | Г  | A m  | edical research                  | organization operated     | I in conjunction with a h  | ospital (                       | describe   | d in sec  | ction 17  | 0(b)(1)( <i>i</i>      | AX(in) E  | nter the hospital's                            |
|        |  | nam  | ne, city, and stat               | е                         | 1  |                                 |  |           |   |                        |   |  |
| 5      |  | 170(   | ( <b>b)(1)(A)(iv).</b> (Co       | omplete Part II)          | of a college or university   | •                               | -  | -         | -   | nmenta                 | l unit de                                       | scribed in section                             |
| 6<br>7 | X  | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) |                                  |                           |  |                                 |  |           |   |                        |   |  |
| 8      |  | A co   | ommunity trust d                 | lescribed in section 1    | <b>70(b)(1)(A)(vi).</b> (Comple  | te Part I                       | II )   |           |   |                        |   |  |
| 9      |  | from   | n activities relate              | ed to its exempt functi   | ) more than 33-1/3% o<br>ons – subject to certain<br>is taxable income (less<br>implete Part III )   | n except                        | tions, ar  | nd (2) no | o more t  | han 33-                | 1/3% of   | its support from gross                         |
| 10     |  | An d   | organization orga                | anized and operated e     | exclusively to test for pu   | iblic safe                      | ety See  | section   | 1 509(a)  | (4).                   |   |  |
| 11     |  | more   | e publicly suppo                 | rted organizations de     | exclusively for the bene<br>scribed in section 509(a<br>tion and complete lines                      | (1) or s                        | section 5  | 509(a)(2  | nctions o<br>). See s                           | of, or ca<br>section ! | rry out t<br><b>509(a)(3</b>                    | he purposes of one or<br>). Check the box that |
|        |  | аГ   | Type I                           | <b>b</b> Type II          | <u>—</u>   | I – Fund                        | -  |           | ted   |                        | a $\square$                                     | Type III - Other                               |
| е      |  | By cothe   | checking this box                | x. I certify that the ord | panization is not controlly than one or more pub   | led direc                       | ctly or in   | directly  | by one  | or more<br>escribed    | disqual<br>in secti                             | lified persons                                 |
| f      |  |  | e organization re                | eceived a written dete    | rmination from the IRS   | that is a                       | a Type I   | , Type I  | l or Typ  | e III sup              | porting   | organization,                                  |
| g      |  |  |                                  | 06, has the organizat     | ion accepted any gift o  | r contrib                       | oution fr  | om any    | of the fo                                       | ollowing               | persons   | 5?   |
| _      |  |  |                                  | ,                         |  |                                 |  | -         |   |                        |   | Yes No   |
|        |  | (1)  | below, the gov                   | erning body of the su     | ontrols, either alone or pported organization?   | togethe                         | r with pe  | ersons d  | lescribe  | d in (ii)              | and (III)                                       | 11 g (ı)                                       |
|        |  | (ii)   | A family memb                    | per of a person descri    | bed in (i) above?  |                                 |  |           |   |                        |   | 11 g (ii)                                      |
|        |  | (iii)  |                                  | • •                       | described in (i) or (ii) a   |                                 |  |           |   |                        |   | 11 g (iii)                                     |
| h      |  | Prov   | vide the following               | g information about th    | e supported organization   | on(s)                           |  | 1         |   |                        |   |  |
|        |  |  | ame of supported<br>organization | (u) EIN                   | (III) Type of organization<br>(described on lines 1 9<br>above or IRC section<br>(see instructions)) | organiz<br>column (i<br>your go | ls the<br>zation in<br>i) listed in<br>overning<br>ment? | the organ | ou notify<br>nization in<br>n (i) of<br>upport? | organiz                | s the<br>ation in<br>nn (i)<br>ed in the<br>S ? | (vil) Amount of support                        |
|        |  |  |                                  |                           |  | Yes                             | No   | Yes       | No  | Yes                    | No  |  |
| (A)    |  |  |                                  |                           |  |                                 |  |           |   |                        |   |  |
| (B)    |  |  |                                  |                           |  |                                 |  |           |   |                        |   |  |
| (C)    |  |  |                                  |                           | 1  |                                 |  |           |   |                        |   |  |
| (D)    |  |  |                                  |                           |  |                                 |  |           |   |                        |   |  |
| (E)    |  |  |                                  |                           |  |                                 |  |           |   |                        |   |  |
| Total  |  |  |                                  |                           |  |                                 |  |           |   |                        |   |  |

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

Schedule A (Form 990 or 990-EZ) 2011

## Schedule A (Form 990 or 990-EZ) 2011 Skagitonians To Preserve Farmland 91-1484503 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| Sec          | tion A. Public Support   |  |                                       |                     |  |                                       |                  |
|--------------|--|--|---------------------------------------|---------------------|--|---------------------------------------|------------------|
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►   | <b>(a)</b> 2007                          | <b>(b)</b> 2008                       | <b>(c)</b> 2009     | <b>(d)</b> 2010                        | <b>(e)</b> 2011                       | (f) Total        |
| 1            | Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')   | 402,903.                                 | 530,348.                              | 281,070.            | 342,043.                               | 224,292.                              | 1,780,656.       |
| 2            | Tax revenues levied for the<br>organization's benefit and<br>either paid to or expended<br>on its behalf   |  |                                       |                     |  |                                       | 0.               |
| 3            | The value of services or facilities furnished by a governmental unit to the organization without charge  |  |                                       | -                   |  |                                       | 0.               |
| 4            | Total. Add lines 1 through 3   | 402,903.                                 | 530,348.                              | 281,070.            | 342,043.                               | 224,292.                              | 1,780,656.       |
| 5            | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  |  |                                       |                     |  |                                       | 234,929.         |
| 6            | <b>Public support.</b> Subtract line 5 from line 4   |  |                                       |                     |  |                                       | 1,545,727.       |
| Sec          | tion B. Total Support  |  |                                       |                     |  |                                       |                  |
|              | ndar year (or fiscal year<br>nning in) ►   | <b>(a)</b> 2007                          | <b>(b)</b> 2008                       | ( <b>c)</b> 2009    | <b>(d)</b> 2010                        | <b>(e)</b> 2011                       | <b>(f)</b> Total |
| 7            | Amounts from line 4  | 402,903.                                 | 530,348.                              | 281,070.            | 342,043.                               | 224,292.                              | 1,780,656.       |
| 8            | Gross income from interest,<br>dividends, payments received<br>on securities loans, rents,<br>royalties and income from<br>similar sources   | 7,214.                                   | 5,727.                                | 4,198.              | 3,008.                                 | 6,337.                                | 26,484.          |
| 9            | Net income from unrelated<br>business activities, whether or<br>not the business is regularly<br>carried on  |  |                                       | 35,772.             | 52,342.                                | 62,428.                               | 150,542.         |
| 10           | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV  | 4,133.                                   | 3,980.                                | 5,557.              |  |                                       | 13,670.          |
| 11           | Total support. Add lines 7 through 10  |  |                                       |                     |  | :                                     | 1,971,352.       |
| 12           | Gross receipts from related activ  | rities, etc (see inst                    | tructions)                            |                     |  | 12                                    | 0.               |
|              | First five years. If the Form 990 organization, check this box and   | stop here                                |                                       | d, third, fourth, o | r fifth tax year as                    | a section 501(c)(                     | 3)               |
|              | tion C. Computation of Pul   |  |                                       | !<br>!              |  |                                       | 70.41            |
|              | Public support percentage for 20   | •  | ``                                    | e 11, column (f))   |  | 14                                    | 78.41%           |
|              | Public support percentage from 2   |  |                                       |                     |  | 15                                    | 77.44%           |
| 16 a         | 16a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   |  |                                       |                     |  |                                       |                  |
| b            | 33-1/3% support test — 2010. If the and stop here. The organization  |  |                                       |                     | a, and line 15 is 3                    | 33-1/3% or more,                      | check this box   |
| 17 a         | 17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. |  |                                       |                     |  |                                       |                  |
| b            | o 10%-facts-and-circumstances te<br>or more, and if the organization<br>organization meets the 'facts-and  | meets the 'facts-a<br>d-circumstances' t | nd-circumstances<br>est. The organiza | tion qualifies as a | box and stop her<br>a publicly support | e. Explain in Part<br>ed organization | IV how the       |
| 18<br>BAA    | Private foundation. If the organi  | zation did not che                       | ck a box on line 1                    | 3, 16a, 16b, 17a,   |  |                                       | structions       |

## Schedule A (Form 990 or 990-EZ) 2011 Skagitonians To Preserve Farmland [Part III] Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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  |                                    |   |   |   |                                     |                                       |
|-------|---|------------------------------------|---|---|---|-------------------------------------|---------------------------------------|
|       | dar year (or fiscal yr beginning in)►   | (a) 2007                           | <b>(b)</b> 2008                               | (c) 2009                                | (d) 2010                                  | <b>(e)</b> 2011                     | (f) Total                             |
| 1     | Gifts, grants, contributions<br>and membership fees<br>received (Do not include<br>any 'unusual grants')  |                                    |   |   |   |                                     |                                       |
| 2     | Gross receipts from admis-  |                                    |   |   |   |                                     | · · · · · · · · · · · · · · · · · · · |
|       | sions, merchandise sold or<br>services performed, or facilities<br>furnished in any activity that is<br>related to the organization's<br>tax-exempt purpose                   |                                    |   | ;<br>;                                  |   |                                     |                                       |
|       | Gross receipts from activities that are not an unrelated trade or business under section 513  |                                    |   | <br> -<br> -                            |   |                                     |                                       |
| 4     | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |                                    |   |   |   |                                     |                                       |
| 5     | The value of services or facilities furnished by a governmental unit to the organization without charge   |                                    |   |   |   |                                     |                                       |
| 6     | Total. Add lines 1 through 5  |                                    |   | 1                                       |   |                                     |                                       |
| 7 a   | Amounts included on lines 1,<br>2, and 3 received from<br>disqualified persons  |                                    |   | l .                                     |   |                                     |                                       |
| t     | Amounts included on lines 2<br>and 3 received from other than<br>disqualified persons that<br>exceed the greater of \$5,000 or<br>1% of the amount on line 13<br>for the year |                                    |   |   |   |                                     |                                       |
|       | Add lines 7a and 7b   |                                    |   | !                                       |   |                                     |                                       |
|       | Public support (Subtract line 7c from line 6)   |                                    |   |   |   |                                     |                                       |
| Sec   | tion B. Total Support   |                                    |   | 1                                       |   |                                     |                                       |
| Calen | dar year (or fiscal yr beginning in)►   | (a) 2007                           | <b>(b)</b> 2008                               | (c) 2009                                | (d) 2010                                  | <b>(e)</b> 2011                     | (f) Total                             |
| 9     | Amounts from line 6   |                                    |   | 1                                       |   |                                     |                                       |
|       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |                                    |   |   |   |                                     |                                       |
|       | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |                                    |   |   |   |                                     |                                       |
| -     | Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is   |                                    |   | 1                                       |   |                                     |                                       |
| 12    | regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)   |                                    |   |   |   |                                     |                                       |
| 13    | Total support. (Add ins 9, 10c, 11, and 12)   |                                    |   | 1                                       |   |                                     |                                       |
|       | First five years. If the Form 990 organization, check this box and  | is for the organiza                | ation's first, seco                           | nd, third, fourth, c                    | or fifth tax year as                      | a section 501(c                     | ·<br>)(3)<br>► □                      |
| Sec   | tion C. Computation of Pul  |                                    | ercentage                                     |   |   |                                     | 1 1                                   |
|       | Public support percentage for 20  |                                    |   | ne 13. column (f))                      |   | 15                                  | 8                                     |
|       | Public support percentage from 2  | •                                  | -   |   |   | 16                                  | <u> </u>                              |
|       | tion D. Computation of Inv  |                                    |   | e i                                     |   |                                     | <del> </del>                          |
|       | Investment income percentage for  |                                    |   | i                                       | ımn (f))                                  | 17                                  | 8                                     |
|       | Investment income percentage fi   | •                                  | • • •   | •                                       |   | 18                                  |                                       |
|       | 33-1/3% support tests — 2011. If is not more than 33-1/3%, check  | the organization                   | did not check the                             | box on line 14, a                       | and line 15 is more<br>as a publicly supp | e than 33-1/3%,                     | and line 17                           |
| b     | <b>33-1/3% support tests – 2010.</b> If line 18 is not more than 33-1/3%  | the organization, check this box a | did not check a b<br>and <b>stop here.</b> Th | ox on line 14 or l<br>e organization qu | ine 19a, and line alifies as a public     | 16 is more than<br>ly supported ord | 33-1/3%, and ▶ ☐                      |
| 20    | Private foundation. If the organiz  |                                    | •   |   |   | -                                   | _                                     |

| Schedule A | (Form 990 or 9                             | 90-EZ) 2011                          | Skagitoni                     | ans To Pre                      | serve  | Farmland                      |                             | 91-1484503                        | Page 4                 |
|------------|--|--------------------------------------|-------------------------------|---------------------------------|--|-------------------------------|-----------------------------|-----------------------------------|------------------------|
| Part IV    | Supplemen<br>Part II, line<br>(See instruc | <b>tal Informat</b> i<br>17a or 17b: | ion. Complet<br>and Part III, | e this part to<br>line 12. Also | provide<br>comple                            | the explanate the this part f | ations requi<br>for any add | ired by Part I<br>ditional inform | I, line 10;<br>nation. |
|            |  |                                      |                               |                                 |  |                               |                             |                                   |                        |
|            | <b></b>                                    |                                      | <del></del> -                 |                                 |  |                               |                             |                                   | <b>-</b>               |
|            |  |                                      |                               |                                 | <del>!</del>                                 |                               | . <b></b> .                 | · <del></del>                     |                        |
|            |  |                                      |                               |                                 | <u>-</u><br>                                 |                               |                             |                                   |                        |
|            | <b></b>                                    |                                      |                               |                                 | <u> </u>                                     |                               |                             |                                   |                        |
| <b>-</b> - |  |                                      |                               |                                 | <u>                                     </u> | · <b>-</b>                    |                             |                                   |                        |
|            |  |                                      |                               | <del>.</del> _                  | <del></del>                                  |                               | · <b>-</b>                  | . – – – – – .                     |                        |
|            |  |                                      |                               |                                 | <u>.</u>                                     |                               | <b></b> -                   |                                   |                        |
|            |  |                                      |                               |                                 |  |                               |                             |                                   |                        |
|            |  |                                      |                               |                                 | <del> </del>                                 |                               |                             |                                   |                        |
|            |  |                                      |                               |                                 | <u> </u><br>                                 |                               |                             |                                   |                        |
|            |  |                                      | . – – – – –                   |                                 |  | <del>-</del>                  |                             |                                   |                        |
|            |  |                                      |                               |                                 | <del></del>                                  |                               |                             |                                   |                        |
|            |  |                                      |                               |                                 |  |                               |                             |                                   |                        |
|            |  |                                      |                               |                                 |  |                               |                             |                                   |                        |
|            |  |                                      |                               |                                 | <del>-</del><br>!                            |                               | _ <b></b>                   |                                   |                        |
|            |  |                                      |                               |                                 | <u> </u>                                     |                               |                             |                                   |                        |
|            |  |                                      |                               |                                 | <u> </u>                                     |                               |                             |                                   |                        |
|            |  |                                      |                               |                                 | <del>-</del>                                 |                               |                             |                                   |                        |
| <b></b> -  |  |                                      | <del></del>                   |                                 | <del>-</del><br>-                            |                               |                             |                                   | <del>-</del>           |
|            |  |                                      |                               |                                 | <del>.</del>                                 |                               |                             |                                   |                        |
|            |  |                                      |                               |                                 | <br>:  |                               |                             |                                   |                        |
|            |  |                                      | · <del>-</del>                |                                 | †<br>:                                       |                               |                             |                                   |                        |
|            |  |                                      |                               |                                 | <br>   |                               |                             |                                   |                        |
|            | <b></b>                                    |                                      |                               |                                 | †<br>  | . – – – – –                   |                             |                                   |                        |
|            | <b></b>                                    |                                      |                               |                                 | <del>;</del>                                 |                               |                             |                                   |                        |
|            |  |                                      | · <b></b>                     |                                 | !  |                               |                             |                                   |                        |
|            |  |                                      |                               |                                 | <del>-</del>                                 |                               |                             |                                   |                        |

Schedule A (Form 990 or 990-EZ) 2011

BAA

#### SCHEDULE C (Form 990 or 990-EZ)

#### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2011

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete

|             |                                  | r, to Form 990, Part IV, line 5 (Proxy Tax  | () or Form 990-EZ, Par   | t V, line 35a (Proxy Tax),            | then  |
|-------------|----------------------------------|---|--------------------------|---------------------------------------|---|
|             | of organization                  | riganizations Complete Fait III   | <del></del>              | Employer identific                    | ation number  |
|             | agi <u>tonians To Prese</u>      | rve Farmland  |                          | 91-148450                             |   |
|             |                                  | rganization is exempt under sec   | tion 501(c) or is a      |                                       |   |
| 1           |                                  | organization's direct and indirect political  |                          |                                       |   |
| 2           | Political expenditures           | organization 3 direct and maneet pointed  | a campaign activities i  |                                       |   |
|             | Volunteer hours                  | 1   | 1                        | *                                     |   |
|             |                                  | rganization is exempt under sec   | tion 501(c)(3).          | · · · · · · ·                         |   |
|             |                                  | cise tax incurred by the organization under   |                          | ►Ś                                    | 0.  |
| 2           | <u>-</u>                         | cise tax incurred by organization manage  |                          |                                       |   |
| 3           | •                                | a section 4955 tax, did it file Form 4720 f   | I                        | *                                     | Yes No  |
| _           | Was a correction made?           | . Goddon 1300 tax, ala ti ilia i enii 1720  | , or time your t         |                                       | Yes No  |
|             | b If 'Yes.' describe in Part IV  | •   |                          |                                       |   |
|             | <u> </u>                         | rganization is exempt under sec   | tion 501(c) . exce       | pt section 501(c)(3).                 | -   |
|             |                                  | pended by the filing organization for sec   |                          |                                       |   |
| •           | •                                |   |                          |                                       |   |
| 2           | function activities              | g organization's funds contributed to other   | er organizations for se  | ection 527 exempt                     |   |
| ,           | Tatal account formation account  | iditures Add lines 1 and 2 Enter here ar  | nd on Form 1120 DOI      |                                       |   |
| 3           | line 17b                         | ditures Add lines I and 2 Enter here an   | na on Fonn 1120-FOL      | ' ▶\$                                 |   |
| 4           | Did the filing organization file | e Form 1120-POL for this year?  |                          |                                       | Yes No  |
| 5           | Enter the names, addresses       | and employer identification number (EIN   | N) of all section 527 pe | olitical organizations to w           | hich the filing                                     |
|             | organization made nayments       | s. For each organization listed, enter the  | amount paid from the     | e filing organization's fund          | ds. Also enter the                                  |
|             | segregated fund or a political   | ions received that were promptly and directly action committee (PAC). If additional s | space is needed, provi   | de information in Part IV             | ion, such as a separate                             |
|             | (a) Name                         | (b) Address   | (c) EIN                  | (d) Amount paid from filing           | (e) Amount of political                             |
|             | (a) Harrie                       | (b) Address   | (6)2                     | organization's funds If none, enter-0 | contributions received and<br>promptly and directly |
|             |                                  |   |                          | ii nono, sinoi                        | delivered to a separate political organization      |
|             |                                  | !   |                          |                                       | If none, enter 0                                    |
| (1)         |                                  |   |                          |                                       |   |
| <u>'''</u>  |                                  |   |                          |                                       |   |
| (2)         |                                  | <b> </b>  |                          |                                       |   |
| <del></del> |                                  |   |                          |                                       |   |
| (3)         |                                  |   |                          |                                       |   |
|             |                                  |   |                          |                                       |   |
| (4)         |                                  | <b></b>   | -                        |                                       |   |
|             |                                  | 1   |                          |                                       |   |
| (5)         |                                  | <u> </u>  | -                        |                                       |   |
| <del></del> |                                  |   | <del> </del>             |                                       |   |
| (6)         |                                  | <b></b>   | -                        |                                       |   |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule C (Form 990 or 990-EZ) 2011

| Schedule C (Form 990 or 990-EZ) 20                                   | n Skagitoniar                         | ns To Preserve Fa  | rmland                   | 91-1484                          | 1503 Page 2                 |
|--|---------------------------------------|--|--------------------------|----------------------------------|-----------------------------|
|  |                                       | n is exempt under se                                     | ection 501(c)(3) an      | d filed Form 5768 (el            | ection under                |
| section 501  | <del>- · · ·</del>                    | and to an official array                                 | (and hat in Dort IV an   | ah affiliatad ayaya maaba        | via nama                    |
|  | • •                                   |  | •                        | ch affiliated group membe        | er's name,                  |
|  | • •                                   | d share of excess lobbying                               | •                        |                                  |                             |
| B Check ►   If the fill  | <u> </u>                              | cked box A and 'limited co                               | ontrol provisions apply  |                                  | 45.441.5.4                  |
| · · · · · · · · · · · · · · · · · · ·                                | 'expenditures' me                     | ring Expenditures<br>ans amounts paid or incur           |                          | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a Total lobbying expendit  |                                       | , ,,   | , ,,                     |                                  |                             |
| , , ,  |                                       | legislative body (direct lob                             | bying)                   |                                  |                             |
| c Total lobbying expendit  | •                                     | and 1b)  |                          |                                  |                             |
| d Other exempt purpose   | •                                     |  | ŀ                        |                                  |                             |
| e Total exempt purpose e   | expenditures (add li                  | nes 1c and 1d)   | <u>}</u>                 |                                  |                             |
| f Lobbying nontaxable ar both columns                                | mount Enter the an                    | nount from the following ta                              | able in                  |                                  |                             |
| If the amount on line 1e, col  | umn (a) or (b) is                     | The lobbying nontaxable                                  | amount is                |                                  |                             |
| Not over \$500,000   |                                       | 20% of the amount on line 1e                             |                          |                                  |                             |
| Over \$500,000 but not over \$1                                      | ,000,000                              | \$100,000 plus 15% of the exces                          | s over \$500,000         |                                  |                             |
| Over \$1,000,000 but not over \$                                     | \$1,500,000                           | \$175,000 plus 10% of the exces                          | s over \$1,000,000       |                                  |                             |
| Over \$1,500,000 but not over \$                                     | \$17,000,000                          | \$225,000 plus 5% of the excess                          | over \$1,500,000         |                                  |                             |
| Over \$17,000,000  |                                       | \$1,000,000  | <u> </u>                 |                                  |                             |
| <b>g</b> Grassroots nontaxable                                       | · · · · · · · · · · · · · · · · · · · |  | !                        |                                  |                             |
| h Subtract line 1g from lii  |                                       | •  |                          |                                  |                             |
| i Subtract line 1f from lin  | ie 1c If zero or less                 | s, enter -0-   | ı                        |                                  |                             |
| j If there is an amount of<br>section 4911 tax for this              | ther than zero on ei                  | ther line 1h or line 1i, did                             | the organization file Fo | orm 4720 reporting               | ∏Yes ∏No                    |
|  | <del></del>                           | 4-Year Averaging Period                                  | Under Section 501(h)     |                                  |                             |
| (Som   | ie organizations tha                  | at made a section 501(h) e<br>ns below. See the instruct | lection do not have to   | complete all of the five gh 2f.) |                             |
|  | Lobi                                  | ying Expenditures During                                 | g 4-Year Averaging Pe    | riod                             |                             |
| Calendar year (or fiscal year beginning in)                          | (a) 2008                              | <b>(b)</b> 2009  | <b>(c)</b> 2010          | <b>(d)</b> 2011                  | (e) Total                   |
| 2a Lobbying non-taxable amount                                       |                                       |  |                          |                                  |                             |
| <b>b</b> Lobbying ceiling<br>amount (150% of line<br>2a, column (e)) |                                       |  |                          |                                  |                             |
| <b>c</b> Total lobbying expenditures                                 |                                       |  |                          |                                  |                             |
| <b>d</b> Grassroots nontaxable amount                                |                                       |  |                          |                                  |                             |
| e Grassroots ceiling<br>amount (150% of line<br>2d, column (e))      |                                       |  |                          |                                  |                             |
| f Grassroots lobbying<br>expenditures                                |                                       |  |                          |                                  |                             |
| BAA  |                                       |  |                          | Schedule C (Form                 | 990 or 990-EZ) 2011         |

| Schedule C (Form 990 or 990 EZ) 2011 Skagitonians To Preserve Farmland     Part II-B   Complete if the organization is exempt under section 501(c)(3) and has NC (election under section 501(h)).  |                   | i Form             |                          | age 3 |
|--|-------------------|--------------------|--------------------------|-------|
| (diodion under doords) of the control of the contro | (2                | a)                 | (b)                      |       |
| For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity   | Yes               | No                 | Amount                   |       |
| During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.  |                   |                    |                          |       |
| a Volunteers?  |                   | X                  |                          |       |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  | X                 |                    |                          |       |
| c Media advertisements?  |                   | X                  |                          |       |
| d Mailings to members, legislators, or the public?   |                   | X                  |                          |       |
| e Publications, or published or broadcast statements?  |                   | Х                  |                          |       |
| f Grants to other organizations for lobbying purposes?   |                   | Х                  |                          |       |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?  | X                 |                    |                          | 200.  |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |                   | X                  |                          |       |
| i Other activities?  |                   | Х                  |                          |       |
| j Total Add lines 1c through 1i  |                   |                    | 2                        | 200.  |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |                   | Х                  |                          |       |
| <b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912   |                   |                    |                          |       |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912   |                   |                    |                          |       |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |                   | Х                  |                          |       |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6).   | 1(c)(5)           | , or               |                          |       |
|  |                   |                    | Yes                      | No    |
| 1 Were substantially all (90% or more) dues received nondeductible by members?   |                   |                    | 1                        |       |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |                   |                    | 2                        |       |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  |                   |                    | 3                        |       |
| Part III-B   Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' (answered 'Yes.'   | 1(c)(5)<br>OR (b) | , or se<br>Part II | ction<br>I-A, line 3, is | 5     |
| Dues, assessments and similar amounts from members   |                   | 1                  |                          |       |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |                   |                    |                          |       |
| a Current year   |                   | 2a                 |                          |       |
| <b>b</b> Carryover from last year  | ì                 | 2b                 |                          |       |
| c Total  |                   | 2c                 |                          |       |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  |                   | 3                  |                          |       |
| Trigging and animality reported in position sees (5)(1)(1) y houses of horizonalists seemen (52(5) and   |                   |                    |                          |       |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po expenditure next year?  |                   | 4                  |                          |       |
| 5 Taxable amount of lobbying and political expenditures (see instructions)   |                   | 5                  |                          |       |
| Part IV Supplemental Information   |                   |                    |                          |       |
| Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, f Also, complete this part for any additional information.   | Part II-A         | , and P            | art II-B, line 1         |       |
|  |                   |                    |                          |       |
|  |                   |                    |                          |       |
| <del></del>  |                   |                    |                          |       |
|  |                   |                    |                          |       |
| <del></del>  |                   |                    |                          |       |
|  |                   |                    |                          |       |
|  |                   |                    |                          |       |
| T.   |                   |                    |                          |       |
| <del></del>  | . – – –           |                    |                          |       |
|  |                   |                    |                          |       |

| Schedule C (Form 990 or 990-EZ) 2011 Skagitonians To Preserve Farmland   | 91-1484503 Page 4 |
|--|-------------------|
| Schedule C (Form 990 or 990 EZ) 2011 Skagitonians To Preserve Farmland  Part IV Supplemental Information (continued) |                   |
|  |                   |
|  |                   |
|  |                   |
| }  |                   |
|  |                   |
|  |                   |
|  |                   |
| i  |                   |
|  |                   |
| 1  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
| · ·  |                   |
|  |                   |
|  |                   |
| i i  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
| 1  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
| İ  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
| · ·  |                   |
|  |                   |
| 1  |                   |
|  |                   |
|  |                   |
|  |                   |
| T.   |                   |
|  |                   |
|  |                   |
| 1  |                   |
|  |                   |
|  |                   |
|  |                   |

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990. ► See separate instructions.

OMB No 1545 0047

Open to Public Inspection Employer identification number

| Ska | agitonians To Preserve Farmlan  | d ;  |  | 91-148450  | 13                                   |
|-----|---|--|--|--|--------------------------------------|
| Pai |   |  | her Similar Fund                           | is or Accounts. Comp   | olete if                             |
|     | the organization answered 'Yes' to  |  |  | ·  |                                      |
|     |   | (a) Donor advise   | d funds                                    | (b) Funds and other  | accounts                             |
| 1   | Total number at end of year   | -  |  |  |                                      |
| 2   | Aggregate contributions to (during year)  |  |  |  |                                      |
| 3   | Aggregate grants from (during year)   |  |  |  |                                      |
| 4   | Aggregate value at end of year  | 1  |  |  |                                      |
| 5   | Did the organization inform all donors and dor funds are the organization's property, subject   |  |  | nor advised  | s No                                 |
| 6   | Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits              | rs, and donor advisors in wi   | riting that grant funds                    | s can be any other   | s $\square$ No                       |
| Pai | t II Conservation Easements. Compl  |  | answered 'Yes' t                           |  |                                      |
| 1   |   |  |  | .01 01111 330, 1 alt 14,                                     | 11110 7.                             |
| '   | Preservation of land for public use (e.g., r  | 1  | <del></del>                                | an historically important la                                 | and area                             |
|     | X Protection of natural habitat   | ecreation or education)  | $\boldsymbol{\vdash}$                      | a certified historic structure                               |                                      |
|     | $oldsymbol{arphi}$  |  |  | a certified historic structur                                | E                                    |
| 2   | Preservation of open space  Complete lines 2a through 2d if the organization  | on hold a qualified conserve   | stion contribution in t                    | the form of a concervation                                   | escement on the                      |
| 2   | last day of the tax year  | on held a qualified conserva   | tion contribution in t                     | the form of a conservation                                   | easement on the                      |
|     | •   |  |  | Held at the End  | of the Tax Year                      |
| á   | Total number of conservation easements  |  |  | 2a 9   |                                      |
| ı   | Total acreage restricted by conservation easer  | ments  |  | <b>2b</b> 279  |                                      |
| •   | : Number of conservation easements on a certif  | red historic structure include   | ed in (a)                                  | 2c   |                                      |
| •   | Number of conservation easements included in<br>structure listed in the National Register   | n (c) acquired after 8/17/06,  | and not on a historic                      | c <b>2d</b>  |                                      |
| 3   | Number of conservation easements modified, tax year ►   | transferred, released, exting  | juished, or terminate                      | ed by the organization during                                | ng the                               |
| 4   | Number of states where property subject to co   | nservation easement'is loca  | ated ► 1                                   |  |                                      |
| 5   |   | The state of the s |  | dling of violations. —                                       | _                                    |
| •   | Does the organization have a written policy re and enforcement of the conservation easemer  | its it holds? See Par  | ± XIV                                      | X Yes  | s 🔲 No                               |
| 6   | Staff and volunteer hours devoted to monitoring 20  | ng, inspecting, and enforcing  | g conservation easen                       | ments during the year  |                                      |
| 7   | Amount of expenses incurred in monitoring, in \$ 200.   | specting, and enforcing cor  | iservation easements                       | s during the year  |                                      |
| 8   | Does each conservation easement reported or $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(ii)$ ?  | n line 2(d) above satisfy the  | requirements of sect                       | tion Yes   | s X No                               |
| 9   | In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements  See Part XI                  | o the organization's financia  | s revenue and expensal statements that de  | se statement, and balance she<br>escribes the organization's | eet, and<br>accounting for           |
| Pai | Organizations Maintaining Colle Complete if the organization answ   | ctions of Art, Historica   | Il Treasures, or 0<br>0, Part IV, line 8   | Other Similar Assets.<br>3.                                  |                                      |
| 1 8 | If the organization elected, as permitted under<br>art, historical treasures, or other similar assets<br>in Part XIV, the text of the footnote to its finar | s held for public exhibition,  | education, or researc                      | ue statement and balance<br>ch in furtherance of public      | sheet works of service, provide,     |
| t   | If the organization elected, as permitted under<br>historical treasures, or other similar assets hel<br>following amounts relating to these items           | SFAS 116 (ASC 958), to red for public exhibition, educ   | port in its revenue sation, or research in | statement and balance shed<br>furtherance of public serv     | et works of art,<br>ice, provide the |
|     | (i) Revenues included in Form 990, Part VIII,   | line 1   |  | ▶\$  |                                      |
|     | (ii) Assets included in Form 990, Part X  | 1  |  | <b>▶</b> \$  |                                      |
| 2   | If the organization received or held works of a amounts required to be reported under SFAS  | rt, historical treasures, or ot<br>116 (ASC 958) relating to th  | ner similar assets for<br>ese items        | r financial gain, provide the                                | e following                          |
| ā   | Revenues included in Form 990, Part VIII, line  | 1 ,  |  | <b>▶</b> \$  |                                      |
| t   | Assets included in Form 990, Part X   | 1  |  | <b>▶</b> \$  |                                      |

| Schedule D (Form 990) 2011 Skagi Part III Organizations Mainta         |  |                      |                               |                  |  | 91-14<br>Other Similar As    |                  | ontinu    | Page <b>2</b><br>ued) |
|--|--|----------------------|-------------------------------|------------------|--|------------------------------|------------------|-----------|-----------------------|
| Using the organization's acquisititems (check all that apply)          |  |                      |                               |                  |  |                              |                  |           |                       |
| a Public exhibition  |  |                      | d  Loan                       | or excl          | nange programs                               |                              |                  |           |                       |
| b Scholarly research   |  |                      | e Other                       |                  | lange programs                               |                              |                  |           |                       |
| c Preservation for future gener  | rations                                |                      |                               |                  |  |                              |                  |           |                       |
| Provide a description of the orgal Part XIV                            |  | ections              | and explain how               | w they           | further the organiz                          | ation's exempt purp          | ose in           |           |                       |
| 5 During the year, did the organiza assets to be sold to raise funds r | ition solicit or r<br>rather than to b | eceive<br>se mair    | donations of ar               | t, histo         | orical treasures, or<br>organization's colle | other similar ection?        | Yes              | . [       | No                    |
| Part IV Escrow and Custodia line 9, or reported an                     | I Arrangeme<br>amount on I             | <b>ents.</b><br>Form | Complete if t<br>990, Part X, | the or<br>line 2 | ganization ans<br>21.                        | wered 'Yes' to F             | orm 99           | 0, Par    | t IV,                 |
| 1 a Is the organization an agent, trus included on Form 990, Part X?   | stee, custodian                        | , or oth             | ner intermediary              | for co           | intributions or othe                         | r assets not                 | Yes              | . [       | No                    |
| <b>b</b> If 'Yes,' explain the arrangement                             | ın Part XIV ar                         | nd com               | plete the follow              | ing tab          | le   |                              |                  |           |                       |
|  |  |                      |                               |                  |  |                              | Amour            | nt        |                       |
| c Beginning balance  |  |                      | I                             |                  |  | 1c                           |                  |           |                       |
| d Additions during the year  |  |                      | ı                             |                  |  | 1 d                          |                  |           |                       |
| e Distributions during the year  |  |                      | 1                             |                  |  | 1 e                          |                  |           |                       |
| f Ending balance   |  |                      | 1                             |                  |  | 1f                           |                  |           |                       |
| 2a Did the organization include an a                                   | mount on Forr                          | n 990,               | Part X, line 217              | )                |  |                              | Yes              | . [       | No                    |
| <b>b</b> If 'Yes,' explain the arrangement                             |  |                      |                               |                  |  |                              |                  |           |                       |
| Part V Endowment Funds. Co   | mplete if th                           | e org                | anization ans                 | swere            | d 'Yes' to Form                              | 990, Part IV, Iir            | <u>10.</u>       |           |                       |
|  | (a) Current y                          | rear                 | (b) Prior year                | <u>r</u>         | (c) Two years back                           | (d) Three years back         | (e)              | Four year | rs back               |
| 1 a Beginning of year balance  |  |                      |                               |                  | <del> </del>                                 |                              |                  |           |                       |
| <b>b</b> Contributions   |  |                      |                               |                  |  |                              |                  |           | ·                     |
| c Net investment earnings, gains, and losses                           |  |                      | -                             |                  |  |                              |                  |           |                       |
| d Grants or scholarships   |  |                      |                               |                  |  |                              |                  |           |                       |
| e Other expenditures for facilities and programs                       |  |                      |                               |                  |  |                              |                  |           |                       |
| f Administrative expenses  |  |                      | 1                             |                  |  |                              |                  |           |                       |
| <b>g</b> End of year balance   |  |                      |                               |                  |  |                              |                  |           |                       |
| 2 Provide the estimated percentage                                     | e of the curren                        | t year               | end balance (lin              | ne 1g, d         | column (a)) held a                           | 5                            |                  |           |                       |
| a Board designated or quasi-endov                                      | vment ▶                                |                      | %                             |                  |  |                              |                  |           |                       |
| <b>b</b> Permanent endowment ▶   | 90                                     |                      | ,                             |                  |  |                              |                  |           |                       |
| c Temporarily restricted endowmer                                      | nt ►                                   |                      | %                             |                  |  |                              |                  |           |                       |
| The percentages in lines 2a, 2b,                                       | and 2c should                          | equal                | 100%.                         |                  |  |                              |                  |           |                       |
| 3a Are there endowment funds not a organization by                     | n the possessi                         | on of t              | he organization               | that a           | re held and admini                           | stered for the               | 1                | Yes       | No                    |
| (i) unrelated organizations  |  |                      |                               |                  |  |                              | 3a(ı)            |           |                       |
| (ii) related organizations   |  |                      | Ì                             |                  |  |                              | 3a(ii)           |           |                       |
| <b>b</b> If 'Yes' to 3a(ii), are the related of                        | ornanizations li                       | sted as              | s required on Sc              | chedule          | R?   |                              | 3b               |           |                       |
| 4 Describe in Part XIV the intended                                    |  |                      |                               |                  |  |                              |                  |           |                       |
| Part VI Land, Buildings, and I   |  | _                    |                               |                  |  |                              |                  |           |                       |
| Description of property  |  | a) Cost              | or other basis vestment)      | (b)              | Cost or other asis (other)                   | (c) Accumulated depreciation | (d)              | Book va   | alue                  |
| 1 a Land   |  |                      | 1                             |                  |  |                              |                  |           |                       |
| <b>b</b> Buildings   | <u> </u>                               |                      |                               |                  |  |                              |                  |           |                       |
| c Leasehold improvements   | ľ                                      |                      |                               |                  |  |                              |                  |           |                       |
| <b>d</b> Equipment   |  |                      |                               |                  | 33,255.                                      | 20,276.                      |                  | 12        | ,979.                 |
| e Other  |  |                      |                               |                  |  |                              |                  |           |                       |
| Total. Add lines 1a through 1e (Colum                                  | nn (d) must equ                        | ual For              | m 990, Part X, o              | column           | (B), line 10(c))                             | <b>&gt;</b>                  |                  | 12        | ,979.                 |
| BAA  | <u> </u>                               |                      |                               |                  |  | Sche                         | dule <b>D</b> (l | orm 99    | 0) 2011               |

Total (Column (b) must equal Form 990, Part X, column (B) line 25)

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

| Sche | dule <b>D</b> (Form 990) 2011 Skagitonians To Preserve Farmland   | 91-1484503  | Page 4 |
|------|---|---|--------|
| Par  | t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements   | N/A   |        |
| 1    | Total revenue (Form 990, Part VIII, column (A), line 12)  |   |        |
| 2    | Total expenses (Form 990, Part IX, column (A), line 25)   |   |        |
| 3    | Excess or (deficit) for the year Subtract line 2 from line 1  |   |        |
| 4    | Net unrealized gains (losses) on investments  |   |        |
| 5    | Donated services and use of facilities  |   |        |
| 6    | Investment expenses   |   |        |
| 7    | Prior period adjustments  |   | -      |
| 8    | Other (Describe in Part XIV )   |   |        |
| 9    | Total adjustments (net) Add lines 4 through 8   |   |        |
| 10   | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  |   |        |
|      | t XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per   | er Return N/A                                       |        |
|      | Total revenue, gains, and other support per audited financial statements  | 1   |        |
|      | Amounts included on line 1 but not on Form 990, Part VIII, line 12  | ·   |        |
|      | Net unrealized gains on investments   |   |        |
|      | Donated services and use of facilities 2b   | <del> </del>  |        |
| -    | Recoveries of prior year grants  2c   | <del> </del> -                                      |        |
|      | Other (Describe in Part XIV )   |   |        |
|      | Add lines 2a through 2d   | 2e  |        |
|      | Subtract line 2e from line 1  | 3   |        |
|      | Amounts included on Form 990, Part VIII, line 12, but not on line 1   | 3   |        |
|      |   |   |        |
|      | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) 4a 4b  | <del> </del>  |        |
|      | (   | <b>─</b>  |        |
|      | Add lines 4a and 4b  Table reviews Add lines 3 and 4a. This must sevel Form 600. Part I line 13.)   | 4c 5  |        |
|      | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  t XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses   |   |        |
|      |   | per Keturn N/A                                      |        |
|      | Total expenses and losses per audited financial statements  | <del></del>   |        |
|      | Amounts included on line 1 but not on Form 990, Part IX, line 25.   |   |        |
|      | Donated services and use of facilities  Prior year adjustments  2a  2b  | <del> </del>  |        |
|      |   | <del> </del>  |        |
|      | Other losses 2c   |   |        |
|      | Other (Describe in Part XIV )   |   |        |
|      | Add lines 2a through 2d   | 2e  |        |
|      | Subtract line 2e from line 1  | 3   |        |
|      | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |   |        |
|      | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV )  | <del> </del>  |        |
|      | Other (Describe in Part XIV ) Add lines 4a and 4b   | 4c  |        |
|      | Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)   | 5   |        |
|      | t XIV   Supplemental Information  |   |        |
| Comp | blete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa<br>V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also condiditional information. | art IV, lines 1b and 2b, nplete this part to provid | le     |
|      | Part II, Line 5 - Summarized Policy   |   |        |
|      | The Executive Director coordinates and manages the monitoring and   | inspection of_                                      |        |
|      | easements_Volunteers_spend_about_20_hours_per_year_monitoring_A   | .legal_and_gene                                     | ral    |
|      | reserve_fund_is_maintained_in_case_there_should_ever_be_a_need_for  | r_enforcement                                       |        |
|      | Part II, Line 9 - Organization Reporting Of Conservation Easements  |   |        |
|      | All easements were acquired over 10 years ago and are not recorded  | lon the balance                                     | e      |
|      | sheet of the organization_Costs of_easements_are_booked as_expens   | ses in the year                                     |        |

| Schedule <b>D</b> (Form 990) 2011 Skagitonians To Preserve 1 | Farmland                 | 91-1484503   | Page <b>5</b> |
|--|--------------------------|--------------|---------------|
| Part XIV   Supplemental Information (continued)              | 1                        |              |               |
| Part II, Line 9 - Organization Reporting Of Conservati       | on Easements (continued) |              |               |
| incurred.  |                          |              |               |
| incurred   | ·                        |              |               |
|  | <u></u>                  |              |               |
|  | ļ<br>                    |              |               |
|  |                          |              |               |
|  |                          |              |               |
|  |                          |              |               |
|  |                          |              |               |
|  |                          |              |               |
|  |                          |              |               |
|  | 1                        |              |               |
|  |                          |              |               |
|  | <u>-</u>                 |              |               |
|  |                          |              |               |
|  |                          |              |               |
|  |                          |              |               |
|  | <del></del>              | <del>-</del> |               |
|  |                          |              |               |
|  |                          | <del>-</del> |               |
|  |                          |              |               |
|  | ÷                        |              |               |
|  | ·                        |              |               |
|  |                          |              |               |
|  |                          |              |               |
|  |                          |              |               |
|  | †                        |              |               |
|  |                          |              |               |
|  |                          |              |               |
|  |                          |              |               |
|  |                          |              |               |
|  | Ţ                        |              |               |
| <b>-</b>   | <del>-</del>             |              |               |
|  |                          |              |               |
|  |                          |              |               |

| Schedule D (Form 990) 2011 Skagitonians To Preserve B   | armland 91-1484503 Page <b>5</b>             |
|---|--|
| Schedule D (Form 990) 2011 Skagitonians To Preserve E Part XIV Supplemental Information (continued) | 1  |
|   | •  |
|   |  |
|   | 1  |
|   | <del></del>                                  |
|   | !  |
|   |  |
|   |  |
|   | †  |
|   | ÷  |
|   |  |
|   | <del>+</del>                                 |
|   | <u> </u>                                     |
|   | 1  |
|   | ·<br>  |
|   |  |
|   |  |
|   | 1  |
|   |  |
|   | <u></u>                                      |
|   | 1  |
|   | <u> </u>                                     |
|   |  |
|   | <u>.                                    </u> |
|   |  |
|   |  |
|   | <br>   |
|   |  |
|   | †  |
|   | !<br>  |
|   |  |
|   | ;<br><del> </del>                            |
|   | 1  |
|   | <u> </u>                                     |
|   | 1  |
|   |  |
|   | <br>   |
|   |  |
|   | <del></del>                                  |
|   | ·  |
|   | <br> -                                       |
|   |  |
|   |  |
|   |  |
|   | )<br>  |
|   | <del></del>                                  |
|   |  |
|   |  |
|   |  |

#### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

non to Bublio

Department of the Treasury Internal Revenue Service Complete if the organization answered 'Yes' to Form 990, Part IV, lines 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.

Open to Public Inspection

Employer identification number

| Skagitonians To Preserve   | Farmland          |  |              |   | 91-148450  | 3   |  |
|--|-------------------|--|--------------|---|--|---|--|
| Part I Form 990-EZ filers are not rec  | lete if the orgai | nization ar  | nswered 'Y   | es' to Form 990, Part I   |  |   |  |
| Indicate whether the organization a Mail solicitations     Internet and email solicitations     Phone solicitations     In-person solicitations     Indicate whether the organization solicitations     Phone solicitations     Indicate whether the organizations     Phone solicitations     Indicate whether the organizations     Indicate whether the organizations | raised funds th   | rough any  | of the follo | Solicitation of non-<br>Solicitation of gove<br>Special fundraising | government grants<br>rrnment grants<br>events                                | <sup>ey</sup>   |  |
| <b>b</b> If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the  | dividuals or en   | tities (fund   |              |   |  | <del>_</del> _  |  |
| (i) Name and address of individual or entity (fundraiser)  | (ii) Activity     | (iii) Did fundraiser<br>have custody or control<br>of contributions? |              | (iv) Gross receipts from activity                                   | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>column (i) | (vi) Amount paid to<br>(or retained by)<br>organization |  |
|  |                   | Yes  | No :         |   |  |   |  |
| 1  |                   |  |              |   |  |   |  |
| 2  |                   |  | 1            |   |  |   |  |
| 3  |                   |  | 1            | ·   |  |   |  |
| 4  |                   |  | :            |   |  |   |  |
| 5  |                   |  | ł<br>        |   |  |   |  |
| 6  |                   |  | 1            |   |  |   |  |
| 7  |                   |  | !            |   |  |   |  |
| 8  |                   |  | ;<br>!       |   |  |   |  |
| 9  |                   |  | i            |   |  |   |  |
| 10   |                   |  |              |   |  |   |  |
| Total  3 List all states in which the organize or licensing  | ation is register | red or lice  | nsed to so   | licit contributions or ha   | s been notified it is exe  | empt from registration                                  |  |
|  |                   | <br><br>   | , -<br>  -   |   |  |   |  |
|  |                   |  |              |   |  |   |  |
|  |                   |  |              |   |  |   |  |
|  |                   |  |              |   |  |   |  |
|  | <b></b>           |  |              |   |  |   |  |

Yes

No

Schedule G (Form 990 or 990 EZ) 2011 Skagitonians To Preserve Farmland 91-1484503 Part II Fundraising Events. Complete if the organization answered 'Yes' to 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) through column (c)) Harvest Dinner (event type) (event type) (total number) 118,799 118,799. 1 Gross receipts 2 Less Charitable contributions 37,730! 37,730. 81,069 81,069. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes DIRECT 2,388. 6 Rent/facility costs 2,388 3,034. 7 Food and beverages 3,034 300. 300. 8 Entertainment 12,919 12,919. 9 Other direct expenses 18,641. 10 Direct expense summary Add lines 4 through 9 in column (d) 62,428. 11 Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (c) Other gaming (a) Bingo (d) Total gaming REVENUE bingo/progressive bingo (add column (a) through column (c)) 1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 용 욯 Yes 왕 Yes Yes 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1, column (d) and line 7 **9** Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states?

**b** If 'Yes,' explain Schedule G (Form 990 or 990-EZ) 2011 BAA TEEA3702L 01/24/12

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

| Schedule G (Form 990 or 990-EZ) 2011 Skagitonians To Pr  | eserve Farmland 91-1484503 Page   |
|--|---|
| 11 Does the organization operate gaming activities with nonmember  |   |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or administer charitable gaming?   | a member of a partnership or other entity formed to Yes No  |
| <ul> <li>13 Indicate the percentage of gaming activity operated in</li> <li>a The organization's facility</li> <li>b An outside facility</li> <li>14 Enter the name and address of the person who prepares the organization.</li> </ul>                                      | 13a % 13b %   |
| Name ►   |   |
| Address •  | <br>  |
| <ul> <li>15a Does the organization have a contact with a third party from who</li> <li>b If 'Yes,' enter the amount of gaming revenue received by the organing revenue retained by the third party</li> <li>c If 'Yes,' enter name and address of the third party</li> </ul> | ganization ► \$ and the amount  |
| Name •   |   |
| Address ►  |   |
| 16 Gaming manager information.   |   |
| Name •   | ·<br>   |
| Gaming manager compensation • \$   |   |
| Description of services provided   | _ i<br>   |
| Director/officer Employee  | Independent contractor  |
| 17 Mandatory distributions   |   |
| <ul> <li>a Is the organization required under state law to make charitable of state gaming license?</li> <li>b Enter the amount of distributions required under state law to be organization's own exempt activities during the tax year</li> </ul>                          | ∐Yes ∐No  |
| Part IV Supplemental Information. Complete this part   | to provide the explanations required by Part I, line 2b, 0b, 15b, 15c, 16, and 17b, as applicable. Also complete see instructions). |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  | <u>.</u>  |
|  | ,   |
| BAA TEEA370  | 3L 05/20/11 Schedule <b>G</b> (Form 990 or 990-EZ) 201  |

#### **SCHEDULE O** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2011

**Open to Public** Inspection

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

Attach to Form 990 or 990-EZ. Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 91-1484503 Skagitonians To Preserve Farmland Form 990, Part III, Line 4a - Program Service Accomplishments Land Protection Program <u>\* Protected 79.70-acres of farmland near a key freeway interchange. Partnered with \_\_\_\_</u> Skagit County's Farmland Legacy Program (FLP) to permanently protect 79.70 acres of \_\_critical farmland near the I-5 Conway interchange. Since 2008 SPF and the Farmland Legacy Program have partnered four times by leveraging public and private dollars to <u>protect over 285 acres of Skagit Valley agricultural land along the I-5 corridor.</u> Since 1996, the Farmland Legacy program has protected more than 9,000 acres of Skagit \* Defeated HB 1222. Worked in collaboration with FutureWise to successful defeat HB 1222, a bill that would have allowed the expansion of the City of Mount Vernon onto \* Defeated Proposed Senate Bill S-0902. Collaborated with Association of Cities, City of Mount Vernon, City of Burlington, WSU and others to successfully stop a bill that <u>proposed to eliminate the use of State capital funds for new or existing projects</u> within the 100-year flood plain. This bill would have had severe and devastating <u>consequences to WSU's Northwestern Research & Extension Center, a critical facility</u> and institution to the agricultural industry in Skagit Valley and all of Puget Sound \* Farms, Fish and Flood Initiative. Signed a "Good Faith Agreement" to continue partnering with The Nature Conservancy, Western Washington Agricultural Association, Washington State Department of Fish & Wildlife to create and advance mutually

| Name of the organization Skagitonians To Preserve Farmland |                            | Employer identification number 91–1484503 |
|--|----------------------------|---|
| Form 990, Part III, Line 4a - Program Service Accompli     | ishments                   |   |
| beneficial strategies that support the long                | g-term viability of a      | griculture and salmon                     |
| while reducing the risks of destructive flo                | oods. The partnershi       | p has agreed to:                          |
| Restore Estuary Habitats and Functions in                  | he Tidal Delta, Redu       | ce the Risk of                            |
| Destructive Flooding Protect and Improve the               | :<br>ne Agricultural Land_ | Base and                                  |
| Infrastructure   | :<br>                      |   |
|  | :<br><del> </del>          |   |
|  | !<br><del> </del>          |   |
| Outreach & Education Program                               | ;<br>                      |   |
|  | <br>                       |   |
|  |                            |   |
| * SPF/Valley Farm Center Community Day. Pa                 | artnered_with_Skagit_      | Valley Farm Center in                     |
| Mount Vernon for SPF's first ever Community                | Day to benefit SPF.        |   |
|  | <u> </u>                   |   |
| * Overall, 36 new members joined SPF.                      | <u> </u>                   |   |
|  | <br>                       |   |
|  | <br>                       |   |
| * SPF expanded the Farm Tour program to inc                | lude a Spring and Su       | mmer Farm Tour, which                     |
| doubled the number of SPF members and guest                | s - 40 to 80who we         | re able to experience                     |
| a_day_going_behind_the_scenes_to_learn_abou                | it what it takes to k      | eep Skagit agriculture                    |
| viable.  | <sub>1</sub>               |   |
| Form 990, Part VI, Line 11b - Form 990 Review Process      | \$<br>                     |   |
| An electronic copy of the final form 990 is                | e-mailed to all me         | mbers of the board                        |
| for review and comment as part of the board                | financial packet. T        | he board then votes                       |
| to accept/approve the financial packet as r                | presented.                 |   |
|  | <u> </u>                   |   |
|  |                            |   |

| 011 S  | chedu  | le A, Pa | art I | <b>V</b> -  | Suj  | ople | me | ntal Infor    | mation                      | Page                                |
|--|--------|----------|-------|-------------|------|------|----|---------------|-----------------------------|-------------------------------------|
| Skagitonians To Preserve Farmland                                    |        |          |       |             |      |      |    | 91-148450     |                             |                                     |
| Part II, Line 10 - Other   | Income |          |       |             |      |      |    |               |                             |                                     |
| Nature and Source  |        | 2011     |       |             | 201  | )    |    | 2009          | 2008                        | 2007                                |
| Net Rental<br>Sales of Assets<br>Sales of Inventory<br>Other Revenue | ,<br>  |          |       | <del></del> |      |      |    | 5,534.<br>23. | 3,780.<br>200.<br>3,980. \$ | 5,250.<br>-2,651.<br>1,067.<br>467. |
|  | Total  | \$       | 0.    | \$          |      | 0.   | \$ | 5,557. \$     | 3,980. \$                   | 4,133.                              |
|  |        |          |       |             | <br> |      |    |               |                             |                                     |
|  |        |          |       |             |      |      |    |               |                             |                                     |
|  |        |          |       |             |      |      |    |               |                             |                                     |
|  |        |          |       |             | į    |      |    |               |                             |                                     |
|  |        |          |       |             |      |      |    |               |                             |                                     |
|  |        |          |       |             |      |      |    |               |                             |                                     |
|  |        |          |       |             | İ    |      |    |               |                             |                                     |
|  |        |          |       |             |      |      |    |               |                             |                                     |
|  |        |          |       |             |      |      |    |               |                             |                                     |
|  |        |          |       |             |      |      |    |               |                             |                                     |
|  |        |          |       |             |      |      |    |               |                             |                                     |
|  |        |          |       |             |      |      |    |               |                             |                                     |
|  |        |          |       |             |      |      |    |               |                             |                                     |
|  |        |          |       |             |      |      |    |               |                             |                                     |
|  |        |          |       |             |      |      |    |               |                             |                                     |
|  |        |          |       |             |      |      |    |               |                             |                                     |
|  |        |          |       |             |      |      |    |               |                             |                                     |
|  |        |          |       |             |      |      |    |               |                             |                                     |
|  |        |          |       |             |      |      |    |               |                             |                                     |
|  |        |          |       |             |      |      |    |               |                             |                                     |
|  |        |          |       |             |      |      |    |               |                             |                                     |
|  |        |          |       |             |      |      |    |               |                             |                                     |
|  |        |          |       |             |      |      |    |               |                             |                                     |
|  |        |          |       |             |      |      |    |               |                             |                                     |

| 011   | Schedule O - Supplemental Inform  | nation     | Page 2     |
|---|-----------------------------------|------------|------------|
|   | Skagitonians To Preserve Farmland | 91-1484503 |            |
| Form 990, Part XI, Line<br>Other Changes in Net | s 5<br>Assets or Fund Balances    |            |            |
| Net Unrealized Gai                              | ns or Losses on Investments       | Total \$   | 79.<br>79. |
|   | 1                                 |            |            |
|   | !                                 |            |            |
|   | 1<br>                             |            |            |
|   | !                                 |            |            |
|   | 1                                 |            |            |
|   | !<br>!                            |            |            |
|   | !<br>                             |            |            |
|   |                                   |            |            |
|   | !                                 |            |            |
|   | ,<br>1<br>,                       |            |            |
|   | ‡                                 |            |            |
|   |                                   |            |            |
|   |                                   |            |            |
|   | •                                 |            |            |
|   |                                   |            |            |
|   | •                                 |            |            |
|   |                                   |            |            |
|   |                                   |            |            |

## (Rev January 2012)

#### Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545 1709

Department of the Treasury Internal Revenue Service • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Name of exempt organization or other filer see instructions Employer identification number (EIN) or Type or print Skagitonians To Preserve Farmland X 91-1484503 File by the due date for filing your return See Number, street, and room or suite number. If a P.O. box, see instructions Social security number (SSN) PO Box 2405 City town or post office, state, and ZIP code. For a foreign address, see instructions instructions Mount Vernon, WA 98273-2405 01 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Application Is For Return Return Code Code Form 990 01 Form 990-T (corporation) 07 Form 990-Bl 02 Form 1041-A 08 Form 990-EZ 01 Form 4720 09 Form 990-PF 04 Form 5227 10 11 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) Form 8870 12 The books are in the care of Michele Onorato FAX No. ► Telephone No. ► (360) 336-3974 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, If it is for part of the group, check this box and attach a list with the names and EINs of all members check this box the extension is for 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15 , 20 12 , to file the exempt organization return for the organization named above The extension is for the organization's return for X calendar year 20 11 or tax year beginning \_\_\_\_\_, 20 \_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_ Final return 2 If the tax year entered in line 1 is for less than 12 months, check reason | Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3a \$ nonrefundable credits. See instructions b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b \$ 0. c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 0. 3c|\$ Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 EO and Form 8879 EO for

payment instructions.