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799303 00/29/2014 9 20 AM

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the 20	13 calendar year, or tax year beginning $04/01/13$, and ending $03/31/13$	14		
В	Check if applicat	lan e :		D Employe	er identification number
	Address change	WOOD RIVER LAND TRUST CO.			
П	Name change	Doing Business As			0474191
\exists	_	Number and street (or P O box if mail is not delivered to street address)	Room/suite		ne number
믬	Initial return	119 E. BULLION ST		208	-788-3947
Ш	Terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amended return			G Gross recei	ots \$ 2,009,193
\Box	Application pend	F Name and address of principal officer	H/=) le this e es	un mium for aub	ordinates? Yes X No
ш		TRENT JONES	n(a) is this a git	oup return for sub	
		C/O 119 E. BULLION ST		ordinates includ	
		HAILEY ID 83333	If "No,	attach a list (s	ee instructions)
1	Tax-exempt st		_		
<u>J</u>	Website:	WWW.WOODRIVERLANDTRUST.ORG		mption number	
_	Form of organiz		Year of formation 1	.994	M State of legal domicile ID
_ <u>F</u>	Part I	Summary			
		ly describe the organization's mission or most significant activities			
9	SI	EE SCHEDULE O			
Jan					
Activities & Governance		Г*1			
ွန်	2 Chec	ck this box 🕨 🔛 if the organization discontinued its operations or disposed of more than 25%	6 of its net asset	S.	
∞5	3 Num	ber of voting members of the governing body (Part VI, line 1a)		3	17
ties	4 Num	ber of independent voting members of the governing body (Part VI, line 1b)		4	17
ξį	5 Total	I number of individuals employed in calendar year 2013 (Part V, line 2a)		5	8
Ac	6 Total	I number of volunteers (estimate if necessary)		6	50
	1	I unrelated business revenue from Part VIII, column (C), line 12		7a	0
_	b Net u	unrelated business taxable income from Form 990-T, line 34	Prior Ye	7b	Current Year
	8 Cont	ributions and grants (Part VIII, line 1h)		7,846	1,056,935
Revenue	9 Prog	ram service revenue (Part VIII, line 2g)	1,20	,,010	2,000,000
Ver	10 Inves	stment income (Part VIII, column (A), lines 3, 4, and 7d)	-1.12	7,386	165,281
æ	11 Othe	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,275	17,463
خ ٠	1	I revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,735	1,239,679
 		nts and similar amounts paid (Part IX, column (A), lines 1–3)			0
	1	efits paid to or for members (Part IX, column (A), line 4)			0
رڪ ميٺ	1	ries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	45	8,305	519,558
(U) (16a Profe	essional fundraising fees (Part IX, column (A), line 11e)			0
ē	b Tota	I fundraising expenses (Part IX, column (D), line 25)			
<u> </u>		er expenses (Part IX, column (A), lines 11a-11d, 11-24- ECEIVEU	54	6,582	729,683
ì	1	l expenses Add lines 13–17 (must equal Part IX, column (A)-line 25)		4,887	1,249,241
~		enue less expenses. Subtract line 18 from line 12		9,152	-9,562
Net Assets or	S S S S S S S S S S S S S S S S S S S		Beginning of Cu		End of Year
: Set	20 Tota	rassets (Part X, line 16)		6,267	9,857,488
ृ %	21 Tota	I liabilities (Part X, line 26)		1,272	148,483
		assets or fund balances Subtract line 21 from line 20	9,65	4,995	9,709,005
<u>_</u> F	Part II	Signature Block			-
	•	is of perjury, I declare that I have examined this return, including accompanying schedules and statement and complete. Declaration of preparer (other than officer) is based on all information of which preparer has		of my knowled	ge and belief, it is
	Tue, correct, a	nd complete Declaration of preparer (other than officer) is based on all information of which preparer has	any knowledge	1	1
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	gn 🛛 🧗	Signature of officer To a CC T a T T LC C DO CO T T T		Date I	,
He	ere	JAMES TRENT JOHES PRESIDENT.			
		Type or print name and title	Date	1	DTIN
Pa	ا س:	nuType preparer's name NDA P. CHAMBERS WAR P. CHAMBERS	ud	Check	I PTIN
	202505	22222 222222222222222222222222222222222		/14 self-emp	loyed
	e Only	BECKER, CHAMBERS & CO., P.A.		Firm's EIN	
J	- 1	PO BOX 909 m's address			208-788-9595
				Phone no	
		scuss this return with the preparer shown above? (see instructions) Reduction Act Notice, see the separate instructions.			Yes No Form 990 (2013)
DA		readulation not reduce, see the separate histautions.		٥	Form 990 (2013)

Form 990 (2013)

Part IV Checklist of Required Schedules

endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V I If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, IVI, 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 b Did the organization report an amount for investments—organize 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 b Did the organization report an amount for other assets in Part X, line 15° If "Yes," complete Schedule D, Part VIII b Did the organization report an amount for other assets in Part X, line 15° If "Yes," complete Schedule D, Part X I116 b Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization's separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X I116 b Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional I2b X b Was the organization and in an office, employees, or agents outside of the United States? b Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization maintain an office, employees, or agents outside of 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 oreport on Part IX,				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 J X 3 J X 5 Section 50 (1962) organization in circle or indirect political campage and survives on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 J X 5 Section 50 (1962) organization. Did the organization engage in obbying activities, or have a section 50 (fit) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 J X 5 Is the organization assoched 50 (1964), 501 (1961) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 J X 6 Duttle organization and and advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Duttle organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 8 Duttle organization mention, this circle and ease, in historic structures? If "Yes," complete Schedule D, Part II 9 Duttle organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Duttle organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 10 Duttle organization directly or through a related organization, floods by management, credit repair, or debit regolitation services? If "Yes," complete Schedule D, Part IV 10 Duttle organization directly or through a related organization, floods by management, credit repair, or debit regolitation services? If "Yes," complete Schedule D, Part IV 11 If the organization in service or any other following quantions is anywer to a repair organization in the part of the following quantions is anywer to any other following quantions is anywer to a repair organization report an amount for interestinates. If "Yes," complete Schedule D, Part IVI 12 Did the or	1			v	
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4 Section 501(c)(3) organizations. Dut the organization engage in lobbying activities, or have a section 501(n) 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 98-197 If "Yes," complete Schedule C. Part III 5 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 I 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 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 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management. credit repair, or debt inegotiation services? If "Yes," complete Schedule D, Part IV Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasared endowments	3	in the second			v
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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? 16 "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ļ	<u> </u>
If "Yes," complete Schedule G, Part III 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedul	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b		Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
20a 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? 20a X 20b	19				
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b			$\overline{}$	\longrightarrow	
			\longrightarrow		<u> </u>
	_ <u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	

DAA

Form 990 (2013) WOOD RIVER LAND TRUST CO.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
~~	government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			77
23	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a		23	_	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b		24b		
С				
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	_26		<u>_X</u>
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
28	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)			37
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	201	l	x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		
Ü	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	-23		
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_X
34	Was_the_organization-related-to any-tax-exempt-or-taxable-entity?-If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			37
7	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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	27		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	- 	
	19? Note . All Form 990 filers are required to complete Schedule O	38	x	
			990	(2040)

Form **990** (2013)

	1990 (2013) WOOD RIVER LAND TRUST CO. 82-04/4191		P	age
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<u></u>	Yes	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	\dashv		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	\dashv		
	reportable gaming (gambling) winnings to prize winners?	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		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]	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
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	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	_6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		37
h	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			v
d	and the second s	7c		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	٠		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 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 <u>9</u> 7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	"		41
	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.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
a	- Initiation-fees-and-capital-contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	_		
2a	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļļ	
_	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 [3b]	_		
C	Enter the amount of reserves on hand [13c]			**
l4a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedulo O.	14a		<u> </u>
		. 7.6		

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	n Sch	edule O	See inst	ructioi	าร
	Check if Schedule O contains a response or note to any line in this Part VI					X
<u>Sec</u>	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4	ļ	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5	ļ	X
6	Did the organization have members or stockholders?			6	<u> </u>	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			_7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					İ
	stockholders, or persons other than the governing body?			7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	he follows	ng		
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal R	evenue	Code)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
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	 	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin	g the fo	ımə	11a	X	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				ا ــ	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
40	describe in Schedule O how this was done			12c		<u> </u>
13	Did the organization have a written whistleblower policy?			13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?			14	X	ļ
15	Did the process for determining compensation of the following persons include a review and approval by					
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				.	
a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			15a	X	x
	-If-"Yes"-to-line-15a-or-15b, describe the process in Schedule O_(see_instructions)			15b	-	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
16a	with a taxable entity during the year?			160]	.
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			16a	-	X
Ы	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			466	1	
Sec	tion C. Disclosure			16b	<u> </u>	L
<u>360</u>	List the states with which a copy of this Form 990 is required to be filled ID					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	11/6\/3	le only)			
	available for public inspection. Indicate how you made these available. Check all that apply	S 1 (U)(3	,s omy)			
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	est nol	icv and			
. •	financial statements available to the public during the tax year	our pui	Jy, and			
20	State the name, physical address, and telephone number of the person who possesses the books and records o	f the				
	organization > TREY SPAULDING 119 EAST BULLION S					
H2	ALLEY ID 833		2	208-78	8-3	947
	10 000					/

R	2	_	n	4	7	4	1	Q	1	

Page 7

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson	than on is both a or/trustee	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	or director		Officer	Key employee		Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JANE MASON										
	0.50								_	
DIRECTOR	0.00	X				} }	-	0	0	0
(2) ED CUTTER	4.00									
SECRETARY	0.00	x		x				o	0	0
(3) JACK KUENEMAN	0.00	+^		Λ		1 1				
(3) 371310 10 21121211	4.00									
DIRECTOR	0.00	X				1 1		o	0	0
(4) REBECCA PATTON		1				1 - †			-	
, ,	1.00	1								
DIRECTOR	0.00	X						0	0	. 0
(5) JOHN FLATTERY										
	2.00								· !	
DIRECTOR	0.00	X				\sqcup		0	0	0
(6) STEVE STRANDBER										
	1.00					1				
DIRECTOR	000	-X-	_						0	0
(7) BARBARA THRASHE	0.50				į	1				
DIRECTOR	0.00	x				1		o	0	0
(8) MEGAN STEVENSON	0.00	 ^	_	\vdash				0		
(0) FILL VENDON	0.50									
DIRECTOR	0.00	x						o	0	0
(9) WOLF RIEHLE										
	1.00			}						
DIRECTOR	0.00	X						0	0	0
(10) DAVE ANDERSON										
	3.00									
VICE PRESIDENT	0.00	X		X		\sqcup		0	0	0
(11) TRENT JONES										
	4.00								^	_
PRESIDENT DAA	0.00	X	<u> </u>	X	<u> </u>	<u> </u>		0	0	Form 990 (2013)

Fart VII Section A. Officers	s, Directors, Tru	Stee	5, N	ey E	шрі	oyee	5, a	ind highest compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	erson i	than c s both	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Esi am comp	(F) timate nount other pensa	of ation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(VV-2 /1033-WISC)	orga and	om the anizat d relat anizati	tion ted	
(12) JOHN FRENCH					-								
	4.00												_
TREASURER (13) RICK DAVIS	0.00	X		X	 	 	-	0	0				
(10)11101110110	0.50												
DIRECTOR	0.00	X						0	0				0
(14) RICHARD CARR	2 00												
DIRECTOR	2.00	x						0	o				0
(15) KATHY LEVISON	0.00							<u> </u>					
	0.50												
DIRECTOR	0.00	X					ļ	0	0				0
(16)DAN SMITH	0.50												
DIRECTOR	0.00	x						0	o				0
(17)DAVE WOODWARD										-			_
	0.50												_
DIRECTOR (18) SCOTT BOETTGER	0.00	X					_	0	0				0
(18) SCOII BOEIIGER	40.00									i			
EXEC. DIRECT	0.00		L	<u> </u>		х		107,427	0			7,	752
(19)										I			
										i			
1b Sub-total	1	1	1	1	1			107,427	_			7,	752
c Total from continuation she	ets to Part VII,	Secti	on A	4			•						
d Total (add lines 1b and 1c)							<u> </u>	107,427				7,	<u> 752</u>
2 Total number of individuals (in reportable compensation from				thos	e lis	ted a	ibov.	e) who received more than	\$100,000 in				
											干	Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"								oyee, or highest compensa	ited	3	,]	İ	X
4 For any individual listed on lin	e 1a, is the sum	of re	port	able	com	pens	atio				T		
organization and related orgai individual	nizations greater	thar	\$15	50,00)07 li	f "Ye	s," c	complete Schedule J for su	ch	4	, [İ	X
5 Did any person listed on line 1									_individual		- 1	•	
for-services-rendered to the or Section B. Independent Contractor		es,"	com	plete	e Sci	nedu	le J	for such person		5	<u>. </u>		_ <u>X</u>
Complete this table for your fire.		ensa	ted	ınder	end	ent c	contr	ractors that received more	than \$100,000 of				
compensation from the organ		omp	ensa	tion	for th	ne ca	lend T			ar		/C\	
Name and	(A) I business address						-	Descrip	(B) tion of services		Com	(C) npensati	ion
													
							<u> </u>						
											_		
O Tatal a contract of order and order	contractor: (1	- ، ابي	. h	n-4 '	l 4	- d 4-	<u></u>	an listed shares with -					
2 Total number of independent received more than \$100,000								se listed above) WIIO	0				
DAA											Eorm	990	(2012

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (C) Unrelated (D) Revenue exempt function business excluded from tax under sections revenue revenue 512-514 Grants (mounts 1a Federated campaigns 1a b Membership dues 1b Gifts, ilar An c Fundraising events 1c d Related organizations 1d 30,000 Contributions, and Other Sim Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1,026,935 294,495 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 1,056,935 Program Service Revenue Busn Code 2a b C f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, 60,877 and other similar amounts) 60,877 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps Rental inc or (loss) Net rental income or (loss) ▶ Gross amount from (i) Securities (II) Other sales of assets 873,918 other than inventory **b** Less cost or other basis & sales exps 769,514 104,404 c Gain or (loss) d Net gain or (loss) 104,404 104,404 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances а b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 11a 17,463 17,463 b All other revenue 17,463 Total. Add lines 11a-11d \triangleright 1,239,679 0 0 Total revenue. See instructions 182,744

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (A) (D) Do not include amounts reported on lines 6b. Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 419,418 188,331 65,444 165,643 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 63,373 32,180 11,068 20,125 Other employee benefits q 36,767 16,509 5,737 14,521 10 Payroll taxes Fees for services (non-employees) Management 36,264 34,784 1,480 b Legal 19,600 19,600 c Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (if line 11g amount exceeds 10% of line 25, column 44,364 54,514 10,150 (A) amount, list line 11g expenses on Schedule O) Advertising and promotion 12 12,296 2,061 5,741 4,494 13 Office expenses 15,793 2,963 5,124 7,706 14 Information technology 15 Royalties 16,273 343 15,930 16 Occupancy 6,844 4,270 2,025 549 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 7,633 1,480 5,997 156 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 42,607 120,290 49,078 22 Depreciation, depletion, and amortization 28,605 23,986 5,944 18,042 23 24 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) CONSERVATION EASEMENT COS 200,000 200,000 93,696 93,469 227 PROJECT DEVELOPMENT b 51,397 178 **FUNDRAISING** 51,219 C 33,305 10,431 350 OUTREACH & DEVELOPMENT 22,524 d 37,792 28,691 8,690 All other expenses 411 $708, \overline{427}$ 1,249,241 224,861 315,953 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest bearing 1 2,956,420 2,698,644 Savings and temporary cash investments 2 2,325 6,250 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use 8 3,375 3,180 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 5,542,485 other basis Complete Part VI of Schedule D 10a 5,176,112 300,124 5,242,361 10b 10c b Less accumulated depreciation 1,567,504 1,781,858 11 11 Investments—publicly traded securities 69,716 12 Investments—other securities See Part IV, line 11 12 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets 61,010 125,000 15 15 Other assets See Part IV, line 11 9,836,267 9,857,488 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 91,392 108,483 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 89,880 40,000 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 181,272 148,483 Total liabilities. Add lines 17 through 25 26 X and Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 8,549,919 27__Unrestricted-net-assets-27 8,050,306 1,105,076 1,658,699 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 9,654,995 9,709,005 33 Total net assets or fund balances 9,836,267 9,857,488 Total liabilities and net assets/fund balances

Form 990 (2013)

orm	1 990 (2013) WOOD RIVER LAND TRUST CO. 82-0474	191		Pa	ge 12
Pa	art XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,2		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,2	49,	241
3	Revenue less expenses Subtract line 2 from line 1	3		-9,	<u>562</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,6	54,	<u>995</u>
5	Net unrealized gains (losses) on investments	5		1,	286
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	_		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		62,	286
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		•		
	33, column (B))	10	9,7	09,	005
Pa	art XII Financial Statements and Reporting		-		
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	a			
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	sight		1	
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain	iin in			
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fortl	ıın			
	the Single Audit Act and OMB Circular A-133?		3a		X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits	3b	<u> </u>	
			For	m 99 (0 (2013)

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.

▶ Attach to Form 990 or Form 990-EZ.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

WOOD RIVER LAND TRUST CO.

gov/form990. Inspect

82-0474191

P	art i	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art) Se	ee inst	tructioi	ns		
The	orga	nization is not	a private foundation becaus	e it is (For lines 1 through 11, o	check onl	y one box	:)						
1		A church, co	nvention of churches, or ass	ociation of churches described	ın sectioi	n 170(b)(1)(A)(i).						
2			scribed in section 170(b)(1)(,,.						
3	П			ce organization described in sec	ction 170	(b)(1)(A)	rii)						
4	П			d in conjunction with a hospital o)(1)(A)(iiı). Ent	er the h	ospital's name	e.	
		city, and stat		,				N - N - N	,			-,	
5		•		of a college or university owned	or operat	ed by a d	overnme	ental un	ıt descr	ihed in			
_	ш	_	(b)(1)(A)(iv). (Complete Part	•	or operat	co by a g	0,000	Jintai aii	it desci	ibca iii			
6				overnmental unit described in s	ection 17	70(6)/1)/4	1/1/1						
7	X		-	substantial part of its support fro			, , ,	fram the		مناطييم ام			
•	4.		section 170(b)(1)(A)(vi). (Co		om a gove	emmenta	i unit or	irom me	genera	ai public	,		
8 9	H			170(b)(1)(A)(vi). (Complete Part									
3				1) more than 33 1/3% of its supp						_	oss		
				npt functions—subject to certain	•		,						
				nd unrelated business taxable in				() from t	ousines	ses			
40	\Box			0, 1975 See section 509(a)(2).									
10	H	-		exclusively to test for public safe	•								
11				exclusively for the benefit of, to									
				ed organizations described in se						section	1		
				he type of supporting organizati			1	— ·					
		a Type	□	c Type III–Functions	-		d				tionally integra	ited	
е	Ш			anization is not controlled direct									
				er than one or more publicly sup	ported or	ganizatioi	is descr	ibed in s	section	509(a)(1)		
		or section 50	, , , ,			_	_						
f		_		rmination from the IRS that it is	a Type I,	Type II,	or Type	III supp	orting				
		_	check this box										
g		_	-	tion accepted any gift or contrib	ution from	n any of th	ne						
		following per											_
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together i	with perso	ons descr	ibed in (ıı) and				Yes	No
			w, the governing body of the	• • •							11g(ı)	↓	
			member of a person describ								11g(ıı)	↓	L
		(iii) A 35% c	controlled entity of a person of	described in (i) or (ii) above?							11g(III)	1	
h		Provide the f	following information about the	ne supported organization(s)			_						
(ı		e of supported	(u) EIN	(III) Type of organization		organization		ou notify		ls the	(vii) Amount	of monet	ary
	org	ganization		(described on lines 1–9 above or IRC section	1	sted in your document?		nization in of your		ion in col zed in the	supp	ort	
				(see instructions))	governing	document.		oort?		S?			
					Yes	No	Yes	No	Yes	No			_
(A)													
					<u> </u>								
(B)													
												_	_
(C)													
												_	
(D)													
								-					
(E)													
-		<u> </u>											
Tota	ı												

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,202,466	1,991,432	1,747,894	1,287,846	1,056,935	7,286,573
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,202,466	1,991,432	1,747,894	1,287,846	1,056,935	7,286,573
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)						1,968,401
6	Public support. Subtract line 5 from line 4						5,318,172
	tion B. Total Support			_			
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1,202,466	1,991,432	1,747,894	1,287,846	1,056,935	7,286,573
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,661	26,937	49,723	72,648	60,877	241,846
9	Net income from unrelated business activities, whether or not the business is regularly carried on			990			990
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					17,463	17,463
11	Total support. Add lines 7 through 10						7,546,872
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, four	rth, or fifth tax yeai	r as a section 501	(c)(3)	
	organization, check this box and stop her						•
	tion C. Computation of Public Su		~			· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2013 (line 6		•	ı (f))		14	70.47%
15	Public support percentage from 2012 Scho					15	69.52%
16a	33 1/3% support test—2013. If the organ				3 1/3% or more, cl	neck this	⊾ •€
_	box and stop here. The organization quali	•	•		22 4/20/		▶ [X]
b	33 1/3% support test—2012. If the organ				o is 33 1/3% or mo	ore, 	
17a	_check-this-box-and-stop-hereThe-organiz			_	- or 16h and line	14	
17 a	10%-facts-and-circumstances test—201 10% or more, and if the organization meet						
	Part IV how the organization meets the "fa				-		
	organization	cts-and-circumstan	ices lest the orga	amzation qualifies	as a publicly supp	oneu	▶ □
b	10%-facts-and-circumstances test—201	2 If the organization	on did not check a	hay an line 13 16:	a 16b or 17a and	Lline	
	15 is 10% or more, and if the organization					i iiie	
	Explain in Part IV how the organization me				•	blicly	
	supported organization	oto the lacto-allu-	ccamotanoes tes	. The organization	· quannos as a pui	onory	▶ □
18	Private foundation. If the organization did	d not check a box o	n line 13. 16a-16b	. 17a. or 17b. cher	ck this box and see	e	
-	instructions		,		20 2 300	=	▶ □
					· ·		

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	quality ander t	ne tests listed t	ociow, picase c	ompicte rait i		
_	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
800	line 6)	<u> </u>			<u> </u>		
	tion B. Total Support ndar year (or fiscal year beginning in) ▶	(a) 2000	T (b) 2010	(=) 2014	(-1) 2012	(-) 2042	/D.T.
9	Amounts from line 6	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
-							.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
-13	-Total-support(Add-lines-9,-10c,-11,						
	and 12)		<u> </u>				
14	First five years. If the Form 990 is for the	_	st, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
500	organization, check this box and stop her tion C. Computation of Public St		tago				▶
15	Public support percentage for 2013 (line 8					15	 %
16	Public support percentage from 2012 Sch	• • •	•	(1))		16	
	tion D. Computation of Investme						
17	Investment income percentage for 2013 (I			3, column (f))		17	%
18	Investment income percentage from 2012	Schedule A, Part	III, line 17			18	%
19a	33 1/3% support tests—2013. If the orga	nization did not ch	neck the box on line	e 14, and line 15 is	s more than 33 1/3	%, and line	
	17 is not more than 33 1/3%, check this b		-		• • •		▶ [
b	33 1/3% support tests—2012. If the orga					·	
20	line 18 is not more than 33 1/3%, check the					-	
20	Private foundation. If the organization die	a not check a box	on line 14, 19a, or	190, Check this bo	ox and see instruct	ions	P

Schedule A (Form 990 or 990-EZ) 2013 WOOD RIVER LAND TRUST CO.

82-0474191

Page 4

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name	of the organiz	zation		Employer	identification number
W	OOD R	IVER LAND TRUST CO.		82-0	474191
	art I	Organizations Maintaining Donor Advised Complete if the organization answered "Yes" to			
			(a) Donor advised funds	(b) Funds and other accounts
1	Total num	ber at end of year			<u>. </u>
2	Aggregate	e contributions to (during year)			
3	Aggregate	e grants from (during year)			
4	Aggregate	e value at end of year			
5	Did the or	ganization inform all donors and donor advisors in writing	that the assets held in donor advised		
	funds are	the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the or	ganization inform all grantees, donors, and donor advisor	s in writing that grant funds can be used		
	only for ch	naritable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose		
		impermissible private benefit?			Yes No
Pa	art II	Conservation Easements. Complete if the organization answered "Yes" to	o Form 990. Part IV. line 7		
1	Purnose/s	s) of conservation easements held by the organization (ch			
•		rvation of land for public use (e.g., recreation or education		mnortant lar	nd area
	==	ction of natural habitat	Preservation of a certified histo	=	
	===	rvation of open space	Treservation of a certified histo	nic structure	•
2	_	lines 2a through 2d if the organization held a qualified co	nservation contribution in the form of a con-	servation	
-		on the last day of the tax year	discivation contribution in the form of a con-		Held at the End of the Tax Yea
а		ber of conservation easements		2a	39
b		rage restricted by conservation easements		2b	10,452.00
c		f conservation easements on a certified historic structure	included in (a)	2c	0
d		f conservation easements included in (c) acquired after 8.			
_		ructure listed in the National Register	777700, and not on a	2d	0
3		f conservation easements modified, transferred, released	l, extinguished, or terminated by the organiz		; the
4	Number o	f states where property subject to conservation easement	t is located ▶ 1		
5	Does the	organization have a written policy regarding the periodic n	monitoring, inspection, handling of		
	violations	and enforcement of the conservation easements it holds	,?		X Yes No
6	Staff and ▶ 96	volunteer hours devoted to monitoring, inspecting, and en $oldsymbol{60}$	forcing conservation easements during the	year	
7	Amount o ▶ \$	f expenses incurred in monitoring, inspecting, and enforci 96,532	ing conservation easements during the year	r	
8	Does eac	h conservation easement reported on line 2(d) above satis	sfy the requirements of section 170(h)(4)(B))	
	(ı) and se	ction 170(h)(4)(B)(ii)?			X Yes No
9	In Part XI	II, describe how the organization reports conservation eas	sements in its revenue and expense statem	ent, and	
	-balance-s	heet, and include, if applicable, the text of the footnote to	the organization's financial statements that	describes t	he
	-	on's accounting for conservation easements	-		
Pi	art III	Organizations Maintaining Collections of A Complete if the organization answered "Yes" to		r Similar .	Assets.
1a	If the orga	inization elected, as permitted under SFAS 116 (ASC 958	3), not to report in its revenue statement and	d balance sh	neet
	works of a	art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fur	therance of	
	public ser	vice, provide, in Part XIII, the text of the footnote to its fina	ancial statements that describes these item	ıs	
b	If the orga	inization elected, as permitted under SFAS 116 (ASC 958	B), to report in its revenue statement and ba	lance sheet	
	works of a	art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fur	therance of	
	public ser	vice, provide the following amounts relating to these items	s		
	(ı) Revei	nues included in Form 990, Part VIII, line 1		•	\$
		s included in Form 990, Part X		•	\$
2	If the orga	inization received or held works of art, historical treasures	s, or other similar assets for financial gain, p	provide the	
	_	amounts required to be reported under SFAS 116 (ASC 9			
а	-	included in Form 990, Part VIII, line 1	-	•	\$
b	Assets inc	cluded in Form 990, Part X		•	\$

	ER LAND TRUS			2-0474191	Page 2			
Part III Organizations Maintaini	ng Collections of A	rt, Historical	Treasures, or	Other Similar Assets	s (continued)			
3 Using the organization's acquisition, access collection items (check all that apply)	ssion, and other records,	check any of the	following that are a	significant use of its				
a Public exhibition	d 🗌 Lo	an or exchange p	orograms					
b Scholarly research	=	ther	3					
c Preservation for future generations								
4 Provide a description of the organization's	collections and explain h	ow they further th	ie organization's ex	empt purpose in Part				
XIII				Ī				
5 During the year, did the organization solici				ılar				
assets to be sold to raise funds rather than		t of the organizat	ion's collection?		Yes No			
Part IV Escrow and Custodial A	_	o Form 000 F	last IV lina O as	r reported on amount	on Form			
Complete if the organization 990, Part X, line 21		<u> </u>			——————————————————————————————————————			
1a Is the organization an agent, trustee, custo	odian or other intermedia	ry for contribution	s or other assets n	ot				
included on Form 990, Part X?					Yes No			
b If "Yes," explain the arrangement in Part X	III and complete the follo	wing table						
					Amount			
c Beginning balance				1c				
d Additions during the year				1d				
e Distributions during the year								
f Ending balance								
2a Did the organization include an amount on Form 990, Part X, line 21?								
b If "Yes," explain the arrangement in Part X	III Check here if the exp	lanation has beer	provi <mark>ded in Part X</mark>		_			
Part V Endowment Funds.	<u>-</u>				<u></u>			
Complete if the organization	<u>on answered "Yes" t</u>	<u>o Form 990, F</u>	art IV, line 10					
	(a) Current year	(b) Prior year	(c) Two years b	ack (d) Three years back	(e) Four years back			
1a Beginning of year balance								
b Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships	<u> </u>		 	_				
e Other expenditures for facilities and	-							
programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage of the circumstance	urrent year end halance (line 1a, column /:						
a Board designated or quasi-endowment ▶	w %	inte 19, column (a	ajj lielu as					
b Permanent endowment > %								
c Temporarily restricted endowment	%							
The percentages in lines 2a, 2b, and 2c sh								
	•			- th a				
3a Are there endowment funds not in the pos	session of the organization	on that are new a	na administered for	rule	Yes No			
organization by (i) unrelated organizations								
.,					3a(i)			
(ii) related organizations		Cahadula D2		· · · · · · · · · · · · · · · · · · ·	3a(ii)			
b If "Yes" to 3a(ii), are the related organization	•				3b			
4 Describe in Part XIII the intended uses of the		ment tunas						
Part VI Land, Buildings, and Eq	-	a Farm 000 F) 1\	Can Farm 000 Dad	V lima 40			
Complete if the organization								
Description of property	(a) Cost or other bas	1 ' '	or other basis	(c) Accumulated	(d) Book value			
	(investment)		other)	depreciation	4 500 550			
1a Land	4,068,	772	513,798	- 000 100	4,582,713			
b Buildings			933,467	282,493	650,974			
c Leasehold improvements			06 05					
d Equipment			26,305	17,631	8,674			
e Other								
Total. Add lines 1a through 1e (Column (d) mus	st equal Form 990, Part X	, column (B), line	10(c))		5,242,361			

DAA

Schedule D (Form 990) 2013

(A) (B) (C) (C) (O) (C) (C) (C) (F) (G) (H) (Distriction of resistance and program general transfer of the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (Distriction of resistance and program general transfer or the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (Distriction of resistance and program general transfer or the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15 (Distriction of the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15 (Distriction of the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15 (Distriction of the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15 (Distriction of the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15 (Distriction of the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 15 (Distriction of the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 (Distriction of the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 (Distriction of the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 (Distriction of the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 15 (Distriction of the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 15 (Distriction of the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 15 (Distriction of the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 15 (Distriction of the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 15 (Distriction of the organization answered "Yes" to Form 990, Part	Part VII	Investments—Other Securities. Complete if the organization answered "Ves" to	S Form 990 Part IV line	11h Soo Form 000 D	art V. lina 12
Francial derivatives			1 1111111111111111111111111111111111111	i' ' 	
Close/pheld equally interests		• • •	(b) book value		
(A) (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(1) Financial	derivatives			
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(2) Closely-he	eld equity interests			
(G) (C) (D) (E) (E) (F) (G) (G) (H) Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Describion of investment (b) Book value (c) Method of valuation Cost or end-dryses' marked value (b) Book value (c) Method of valuation Cost or end-dryses' marked value (d) Method of valuation Cost or end-dryses' marked value (e) Describion (f) (h) (h) (h) (h) (h) (h) (h)	3) Other				
(C) (E) (F) (F) (F) (G) (H) (D) must equal Form 990, Part X, col (B) line 12) ► Part VIII Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Medical of vestionary (c) Description of investment (b) Book value (c) Medical of vestionary (c) Medical of vestionary (c) Medical of vestionary (d) Description of investment (e) Book value (e) Medical of vestionary (e) Medical of vestionary (f) (e) Medical of vestionary (f) (g) Medical of vestionary (g) Description (g) Medical of vestionary (g)	(A)				
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(F) (G) (F) (G) (H) (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ Part VII Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation. Cost of end-of-year market value (b) Book value (c) Method of valuation. Cost of end-of-year market value (c) Method of valuation. Cost of end-of-year market value (d) Description of investment (b) Book value (e) Description of investment (b) Book value (e) Description of investment (b) Book value (e) Description of investment (b) Book value (f) Method of valuation. Cost of end-of-year market value (h) Book	(C)				
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(H) Static Column (b) must equal Form 990, Part X, col (B) line 12 ▶	(E)				
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Part VII		(1) 15 200 B 17 100 B			
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otal. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	(8)				
	(9)	(h) must equal Form 000. Book V. col. (D) line 25) h			
Elability for uncertain tax positions in Fart Am, provide the text of the foothole to the organization's financial statements that reports the			otnote to the ergonization's f	noncial atata as a to at a to	
ganization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII					

Part XIII Supplemental Information

b Other (Describe in Part XIII)

c Add lines 4a and 4b

Amounts included on Form 990, Part IX, line 25, but not on line 1

a Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

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

PART II, LINE 9 - ACCOUNTING FOR CONSERVATION EASEMENTS

THE WOOD RIVER LAND TRUST HAS ADOPTED THE POLICY OF NOT CAPITALIZING AS ASSETS THE ACQUISITION OF EASEMENTS, BUT RECOGNIZES THEM AS PROGRAM INCOME AND EXPENDITURES IN THE STATEMENT OF ACTIVITIES AND DISCLOSES THEM IN THE FOOTNOTES OF THE FINANCIAL STATEMENTS.

42

4b

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

TAX DEPR DIFF

\$

62,286

4c

62,286

62,286

1,249,241

Part XIII Supplemental Information (continued)

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www irs gov/form990

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

		K LAN	ID TRUST CO.			82-0	34/4191		
_Pa	irt! Types of Property								
		(a) Check if	(b) Number of contributions or	(c) Noncash contribution		Method	(d) of determining		
		applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g		noncash cor	ntribution amounts		
1	Art — Works of art		 			-			
2	Art — Historical treasures			·	_				
3	Art — Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities — Publicly traded	х	2	42,495					
10	Securities — Closely held stock								
11	Securities — Partnership, LLC,								
	or trust interests								
12	Securities — Miscellaneous								
13	Qualified conservation								
	contribution — Historic								
	structures								
14	Qualified conservation								
	contribution — Other								
15	Real estate — Residential		. :						
16	Real estate — Commercial								
17	Real estate — Other	X	2	252,000					
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ►(
26	Other ► (· · · · · · · · · · · · · · · · · · ·						
27	Other ►(
28	Other ►(l							
29	Number of Forms 8283 received by	the organi	zation during the tax yea	r for contributions for					
	which the organization completed Fe	orm 8283,	Part IV, Donee Acknowl	edgement	29	2			
								Yes	No
30a	During the year, did the organization	receive by	y contribution any prope	rty reported in Part I, lines 1	1 - 28,	, that			ĺ
	it must hold for at least three years f	rom the da	ate of the initial contribut	ion, and which is not require	ed to	be			
	used for exempt purposes for the en		g period?				30a	ļ	X
b	If "Yes," describe the arrangement in	n Part II							
31	Does the organization have a gift ac	ceptance p	policy that requires the re	eview of any non-standard					
	contributions?						31		X
32a	Does the organization hire or use th	ird parties	or related organizations	to solicit, process, or sell n	oncas	sh			
	contributions?						32a		X
b	If "Yes," describe in Part II								
33	If the organization did not report an	amount in	column (c) for a type of	property for which column ((a) is o	checked,			
	describe in Part II								<u> </u>

Schedule M (Form 990) (2013)

WOOD RIVER LAND TRUST CO.

82-0474191

Page 2

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

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

WOOD RIVER LAND TRUST CO.

Employer identification number 82-0474191

FORM 990 - ORGANIZATION'S MISSION

THE WOOD RIVER LAND TRUST PROTECTS AND RESTORES LAND, WATER, AND WILDLIFE HABITAT IN THE WOOD RIVER VALLEY AND ITS SURROUNDING AREAS. WE WORK COOPERATIVELY WITH PRIVATE LANDOWNERS AND LOCAL COMMUNITIES TO ENSURE THESE AREAS ARE PROTECTED NOW AND FOR FUTURE GENERATIONS.

FORM 990 - ADDITIONAL INFORMATION

SEE ATTACHED PROGRAM ACHIEVEMENTS INFO. FOR DETAILS ON LOSS PART I, LN 10

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT **EASEMENTS**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FINANCE COMMITTEE AND DIRECTOR OF OPERATIONS REVIEW AND APPROVE THE 990 AND THEN A COPY IS DISTRIBUTED TO ALL BOARD MEMBERS AT A BOARD MEETING PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE WOOD RIVER LAND TRUST'S CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO STAFF AND BOARD MEMBERS, WHO ARE REQUIRED TO REVIEW THE POLICY AND COMPLETE AN ACKNOWLEDGEMENT FORM THAT DISCLOSES POSITIONS, PROPERTY OWNERSHIP, BUSINESS DEALINGS, OR FINANCIAL INTERESTS THAT MAY PRESENT A CONFLICT TO THE INDIVIDUAL'S WORK OR BOARD ACTIVITIES WITH THE LAND TRUST. FURTHERMORE, THE LAND TRUST REVIEWS WHETHER THERE MAY BE ANY CONFLICTS OF INTEREST PRIOR TO ANY LAND TRANSACTION DECISION TO BE MADE BY THE BOARD OF Name of the organization

WOOD RIVER LAND TRUST CO.

Employer identification number 82-0474191

DIRECTORS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE EXECUTIVE
COMMITTEE OF THE BOARD. THAT COMMITTEE CONSISTS OF THE PRESIDENT, VICE
PRESIDENT, TREASURER, SECRETARY AND IMMEDIATE PAST PRESIDENT PLUS CHAIRS OF
COMMITTEES OF THE BOARD NOT INCLUDED IN THE PRECEDING LIST. SALARY SURVEYS
CONDUCTED BY THE LAND TRUST ALLIANCE ARE USED TO PROVIDE COMPARABILITY DATA
BASED ON OTHER LAND TRUSTS WHICH ARE SIMILAR IN SCOPE AND FINANCIAL
RESOURCES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER

TAX DEPR DIFF
\$ 62,286

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SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships	anizations and Unrelated Partnerships	d Unrelated	Partnerships	36 05 37	- 1	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	► Attach to Form 990. ► See separate instructions. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	► Attach to Form 990. Out Schedule R (Form 990) ar	► See separate instructions. Id its instructions is at www.ir.	nstructions. is at www.irs.gov/	, eg, el er . form990.		Open to Public Inspection
Name of the organization						Employer ider	Employer identification number
WOOD RIVER LAND	TRUST CO.					82-0474191	1191
Part i Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33	Entities Complete If the c	organization answ	ered "Yes" on F	orm 990, Part I\	/, line 33		
(a) Name, address, and EIN (if applicable) of disregarded entity	sregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)			,				
(2)							
(3)							
(4)							
(5)							
Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year	Exempt Organizations C	complete if the org tax year	 anization answ	ered "Yes" on F	orm 990, Part IV	line 34 because	it had
(a) Name, address, and EIN of related organization	ganization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
(1) THE BUILDING MATERIALS THRIFT P.O. BOX 909 HAILEY ID 83	FT STORE 82-0518109 83333	SUP ORG	, A	501C3	110	N/A	
					:		
(3)							
(4)							
(5)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ctions for Form 990.					Schedu	Schedule R (Form 990) 2013

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Schedule R (Form 990) 2013 WOOD RIVER LAND TRUST CO.

Page 2

82-0474191

Schedule R (Form 990) 2013 (k) Percentage (1) Section 512(b)(13) controlled entity? ž ownership (J) General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year ownership amount in box 20 of Schedule K-1 Code V-UBI (Form 1065) end-of-year assets (g) Share of (h) Dispro-portionate Yes No alloc 2 (g) Share of end-ofyear assets Share of total Income (f) Share of total Type of entity (C corp, S corp, income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) Direct controlling entity Đ (d) Direct controlling Legal domicile foreign country) entity (state or (c) Legal domicile (state or foreign country) Primary activity Primary activity Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part IV Part III A lΞ ΙΞ 8 <u>|ල</u> |€ 3 <u>ල</u> ₹

Page 3

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Yes

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Schedule R (Form 990) 2013 Method of determining amount involved ACTUAL DOLLAR AMOUNT ACTUAL DOLLAR AMOUNT ACTUAL DOLLAR AMOUNT Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds 30,000 25,641 10,794 Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transaction type (a-s) ß υ O 82-0474191 Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity THE BUILDING MATERIAL THRIFT STORE THE BUILDING MATERIAL THRIFT STORE THE BUILDING MATERIAL THRIFT STORE Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets from related organization(s) J Lease of facilities, equipment, or other assets to related organization(s) Schedule R (Form 990) 2013 WOOD RIVER LAND TRUST CO. S Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Name of related organization Reimbursement paid to related organization(s) for expenses Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) Part V 9 Ξ 3 ල 3 9

PΑ

Part VI

82-0474191

Page 4

Schedule R (Form 990) 2013 WOOD RIVER LAND TRUST CO.

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

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

Name, address, and EN of entry Trimary activity (a) (b) (c) (d) (e)	a ·	©]	(q)	(a)		(6)	£		9		3	
Company Comp	name, address, and Ein of entity	Primary activity	domicile		Are all parm section		Share of end-of-vear	olisproportionati allocations?		Gene		ercentage
No No No No No No No No					501(c)(3) organization		assets			partr		
					Yes	0			,	Yes	2	
(3)	(1)											
(4)	(2)											
(5) (6) (7) (7) (9) (9) (9)	(3)											
(6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(4)											
(6)	(5)							!				
(3)	(9)											
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1)	(6)									_		
1)	(0						:					
	1)											

Schedule R (Form 990) 2013 WOOD RIVER LAND TRUST CO.

82-0474191

Page 5

Part VII

Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions)

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return

Identifying number

	WOOD R	VER LAND	TRUST CO.				82-	047	4191
	ess or activity to which this form relates NDIRECT DEPRECIAT:	TOM.							
			arty Under Castion	470					
£.(•		oerty Under Section /, complete Part V be		omn	ete Part	1		
1	Maximum amount (see instruction		, complete l'art v be	siole you c	Jonnpi	ele Fail	<u> </u>	1	500,000
2	Total cost of section 179 property	•	e instructions)					2	300,000
3	Threshold cost of section 179 property			tions)				3	2,000,000
4	Reduction in limitation Subtract lii	•	•					4	2,000,000
5	Dollar limitation for tax year Subtract lin		•	ng separately.	see inst	ructions		5	
6	(a) Description			ost (business use		_	Elected cost	, •	
				-		İ			
		-		•				_	
7	Listed property Enter the amount	from line 29			7				
8	Total elected cost of section 179 p	roperty Add amount	ts in column (c), lines 6 ai	nd 7				8	
9	Tentative deduction Enter the sm	aller of line 5 or line	8					9	
10	Carryover of disallowed deduction	from line 13 of your	2012 Form 4562					10	
11	Business income limitation Enter	the smaller of busine	ess income (not less than	zero) or line	5 (see	instruction	ns)	11	
12	Section 179 expense deduction A	dd lines 9 and 10, bu	ut do not enter more than	line 11				12	
13_	Carryover of disallowed deduction			<u> </u>	13				
	e: Do not use Part II or Part III below								
		·	nd Other Depreciat			<u>lude liste</u>	ed prope	erty) (See instructions)
14	Special depreciation allowance for		ther than listed property)	placed in sei	vice				
	during the tax year (see instruction	•						14	
15	Property subject to section 168(f)(15	
16	Other depreciation (including ACR			<u> </u>				16	5,866
P 7	art III MACRS Depreciat	ion (Do not incit	ide listed property.) (Section A	See instru	ction	s)			
17	MACES deductions for secretarily			242				1 4- 1	110 140
17 18	MACRS deductions for assets place	•					. □	17	112,143
10	If you are electing to group any assets placed Section B—A		vice During 2013 Tax Y			eral Denre	eciation S	vetem	
		(b) Month and year	(c) Basis for depreciation	(d) Recovery	T	crai Bepi		, y stem	
	(a) Classification of property	placed in service	(business/investment use onlysee instructions)	period	(e) (Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property								
b	5-year property		253	5.0		MQ	200	DB	13
С	7-year property					_~			
d	10-year property								
е	15-year property								
f	20-year property	ŀ					_		
g.	_25-year-property	~ ~ 5**		25 yrs			S/L		
h	Residential rental	05/01/13	71,290	27 5 yrs		MM	S/L		2,268
	property			27 5 yrs	<u> </u>	MM	S/L		
i				39 yrs	<u> </u>	MM	S/L		
	property					MM	S/L		
		sets Placed in Serve	ce During 2013 Tax Yea	r Using the	Altern	ative Dep	reciation	Syster	<u>n</u>
	Class life				1		S/L		
	12-year			12 yrs	1		S/L		
	40-year			40 yrs	<u> </u>	ММ	S/L	:l	
	art IV Summary (See ins						-	· · ·	
21	Listed property Enter amount from		40 100 1		.			21	
22	Total. Add amounts from line 12, I	-				iter here		_	100 000
12	and on the appropriate lines of you		·		s 			22	120,290
23	For assets shown above and place	=	ne current year, enter the		22				
	portion of the basis attributable to	SECTION 203A COSTS			23				

Wood River Land Trust Program Achievements 4/1/2013 – 3/31/2014

River Health and Restoration:

We continued our restoration work around the **Bow Bridge of the Big Wood River**. The Bow Bridge is one part of the WRLT's Hailey Greenway Restoration Project.
The Bow Bridge is an integral part of our objective to allow people to experience nature, as the bridge itself is a draw for our community and visitors to visit and experience the Hailey Greenway. As people visit special places, they begin to take ownership and pride in the health of the area, thus helping WRLT manage it. We hope this connection with nature will inspire our community and Wood River Valley visitors to become more involved with land protection and restoration.

We began our Sixth year of our **Trout Friendly Lawn program** which is an educational and proactive program addressing how local yard care impacts the health of the Big Wood River and its fishery. Educational sessions for property owners and local landscaping companies showcased the benefits of using organic non-toxic applications, native plants, and efficient low-impact watering systems to conserve water. Home, local municipalities and business owners were encouraged to conduct a watering audit of their yard by a trained professional in order to find ways to conserve water. Yards that meet certain water conservation and protection requirements are certified as Trout Friendly. Local businesses and other nonprofits partner with WRLT on this program. Over 150 lawns and businesses were certified.

As part of the **Trout Friendly Lawn** program the Wood River Land Trust planted draught tolerant grass at one of its employee houses and also developed an informative video on how to convert a lawn to be draught tolerant. The program is ongoing and growing.

We started work again on our **Riverbank Restoration** in Lion's Park which extended the WRLT's Hailey Greenway. This area was once a city dump and the Wood River Land Trust in cooperation with local government organizations and the Idaho Department of Environmental Quality removed 1,200 tons of dump material in 2008. Funded through the generosity of **Project Wow** students, we were able to continue our restoration project along the Big Wood River. Over 120 native shrubs were planted by students along the river bank to reduce erosion and to rid the area of noxious weeds and plants.

Project development and outreach continued for the River Restoration at Sunpeak and the Hulen Meadows Pond. We conducted an Environmental Assessment (EA) of the project and the project is being reviewed by the Bureau of Land Management. This EA and its review were funded in part by the Wood River Land Trust. The project's goal is riparian and river area restoration and improvement of public recreational opportunities. In 2010 surveying and floodplain analysis were conducted and we completed the study for the hydrological and restoration work, flood plain analysis, project analysis, mapping, topographic assessments, initial consultant reviews, approval by the City of Ketchum and legal consultation for stream restoration, flood plain analysis and project analysis which needed to be completed prior to the onthe-ground implementation of any restoration work.

The Wood River Land Trust continued its work to reestablish enhanced year-round stream flow in the **Big Wood River channel below Magic Reservoir dam**. We invested an additional \$12K with a consulting firm to provide us with various options in order to have year-round stream flow below the dam. The project's work has primarily consisted of the collaboration with the Big Wood Canal company to consider the release of water year-round in order to reestablish the fishery and riparian area as close to its historical condition as is possible. Outside of the spring/summer irrigation season, no water is released from the dam and the river becomes a trickle as it is comprised solely of water from various low flow springs. In autumn and winter the shutting off of the water can result in a substantial fish kill when stranded fish die from lack of oxygen or water. This manipulated and inconsistent stream flow also disrupts wildlife and normal plant life cycles.

Staff organized volunteer work days at riparian/floodplain areas at Boxcar Bend, Howard Preserve, Croy Creek Wetland and Draper Wood River preserves on the Big Wood River, with emphasis on control of noxious weeds.

Land Stewardship:

Staff monitored all thirty-nine (39) of the Wood River Land Trust conservation easements totaling 10,519 acres to ensure compliance with individual easement restrictions/language and to note any changes in the property. All monitoring data, such as photo points, were reported and entered into the permanent record.

We also continued to monitor 1,062 acres of our thirteen (13) fee simple properties located in and adjacent to the Wood River Valley. These preserves are maintained in their natural state and/or restored to a healthy landscape. Stewardship staff address such ongoing problems as noxious weeds, trash, vehicle incursions, erosion and trail upkeep.

Land Acquisition/Protection:

The Wood River Land Trust acquired 7.5 acres, called the **East Fork Preserve**. This easement was donated in 2002 to Blaine County but we have been responsible for stewardship of the property for the County. In 2013 the East Fork Preservation Association made a fee simple donation of the 7.5 acres to the Wood River Land Trust. This property is located between Hailey and Ketchum at the intersection of 75 and East Fork Road and continues along the highway. The protected land provides passersby with undeveloped views of the East Fork Canyon. This area is protected from development in order to preserve its scenic views and provide travelers with an appreciation of the valley's-beauty-for years-to-come.

In December of 2013 the WRLT also acquired our thirty-ninth (39) easement named the **Gateway Easement**. This donated easement consists of 84.9 acres of scenic wetlands and pasture. The property is located at the "gateway" to the Wood River Valley – hence its name.

The staff began the purchase process of a 10,400 acre property called Rock Creek Ranch which is west of Hailey, Idaho. This property was homesteaded in 1923 and was once platted to be another community in Blaine County. Through a large collaborative effort with local, state, and national government organizations, and other NGOs, we plan to close on this property through a bargain sale in 2014. By protecting Rock Creek

Ranch, we defend the benefits you and others derive from the land – for our health and enjoyment. Recreational trails, wildlife habitat, working lands that provide food, intact scenic views and clean, fresh water are just a few reasons that compelled us to safeguard the Ranch.

Through our staff's collaborative work with the **Pioneer's Alliance** we were able to aid ranchers and property owners to protect 65,400 acres through the Grasslands Reserve Program.

Wood River Land Trust Program Revenue and Expenses

Land Acquisition

Revenue - \$52,000 Expense - \$183,926 Staff - \$121,913

Stewardship

Revenue - \$15,000 Expense - \$45,752 Staff - \$70,590

Easement

Revenue - \$200,000 Expense - \$200,000

River Health and Restoration

Revenue - \$43,475 Expense - \$52,275 Staff - \$33,971

Total Functional Expenses - \$708,427

Capital Items

Aspen House Renovations – \$71,290 Equipment - \$961 Total Capital Items - \$72,251

TOTAL CAPITAL ITEMS AND FUNCTIONAL EXPENSES - \$780,678