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## Form **99.0-PF**Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014 or tax year beginning and ending A Employer identification number Name of foundation 63-0849774 COASTAL LAND TRUST, INC. Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (251) 928-1655 6 SOUTH SUMMIT STREET 18 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here FAIRHOPE, AL 36532 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 6,516,532. (Part I, column (d) must be on cash basis.) ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (c) Adjusted net (b) Net investment (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) ıncome expenses per books income (cash basis only) Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 4,745 4,745.STATEMENT 4,745 N Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 87,750 STATEMENT 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 102 480 0. Capital gain net income (from Part IV. line 2) 0 Net short-term capital gain ळ Income modifications Ö 10a Gross sales less return: b Less Cost of goods sold c Gross profit or (loss) 2,006 2,006 2,006.STATEMENT 11 Other income 94,501 751 6,751 6. 12 Total. Add lines 1 through 0. 0. 0 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits and Administrative Expenses 16a Legal fees 20,656 STMT 4 20,656 0 0. **b** Accounting fees c Other professional fees 17 Interest 5,813 400 0 5,413. STMT 5 18 Taxes 13,335 13,335 19 Depreciation and depletion 0 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 104.024 28.752 0 75,272. 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 143,828 63,143 0 80,685. 4,800 4,800. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 148,628 63,143 0 85,485. Add lines 24 and 25 27 Subtract line 26 from line 12: -54,127 8 Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-) 6,751 C Adjusted net income (if negative, enter -0-)

Form **990-PF** (2014)

LHA For Paperwork Reduction Act Notice, see instructions

| =            |       | Polance Shoots Attached schedules and amounts in the description   | Beginning of year |                | of year  |
|--------------|-------|--|-------------------|----------------|--|
| P            | art   | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | (a) Book Value    | (b) Book Value | (c) Fair Market Value                            |
|              | 1     | Cash - non-interest-bearing  |                   | <del></del>    |  |
|              |       | Savings and temporary cash investments   | 1,211,849.        | 1,184,419.     | 1,184,419.                                       |
|              |       | Accounts receivable  |                   |                |  |
|              |       | Less: allowance for doubtful accounts ▶  |                   |                |  |
|              | 4     | Pledges receivable ►   |                   |                |  |
|              |       | Less: allowance for doubtful accounts ▶  |                   |                |  |
|              | 5     | Grants receivable  |                   |                |  |
|              | 6     | Receivables due from officers, directors, trustees, and other  |                   |                |  |
|              |       | disqualified persons   |                   |                |  |
|              | 7     | Other notes and loans receivable   |                   |                |  |
| S            |       | Less: allowance for doubtful accounts ▶ 0.   | 35,589.           | 2,500.         | 2,500.   |
|              | 8     | Inventories for sale or use  |                   |                | <u> </u>   |
| Assets       |       | Prepaid expenses and deferred charges  |                   |                |  |
| As           |       | Investments - U.S. and state government obligations  |                   |                |  |
|              | l     | Investments - corporate stock  |                   |                |  |
|              | l     | Investments - corporate bonds  |                   |                |  |
|              | l     | Investments - land, buildings, and equipment, basis  |                   |                |  |
|              |       | Less accumulated depreciation  |                   |                |  |
|              | 12    | Investments - mortgage loans   |                   |                |  |
|              | 13    | Investments - other STMT 8   | 124,948.          | 125,391.       | 125,000.   |
|              | 14    | Land, buildings, and equipment: basis ► 544,504.   |                   |                |  |
|              |       | Less accumulated depreciation 197,614.   | 341,141.          | 346,890.       | 346,890.   |
|              | 15    | Other assets (describe ► STATEMENT 9 )   | 4,857,723.        | 4,857,723.     |  |
|              |       | Total assets (to be completed by all filers - see the  |                   |                |  |
|              |       | instructions. Also, see page 1, item I)  | 6,571,250.        | 6,516,923.     | 6,516,532.                                       |
|              | 17    | Accounts payable and accrued expenses  |                   |                |  |
|              | 18    | Grants payable   |                   |                | ]  |
| Ś            | 19    | Deferred revenue   |                   |                | 7  |
| Liabilities  | 20    | Loans from officers, directors, trustees, and other disqualified persons                                       |                   |                | ]  |
| abi          | 21    |  |                   |                |  |
| =            | 22    | Other liabilities (describe  )   |                   |                |  |
|              |       |  |                   |                |  |
| _            | 23    | Total liabilities (add lines 17 through 22)  | 0.                | 0.             | <u>,</u>   |
|              |       | Foundations that follow SFAS 117, check here   |                   |                |  |
|              |       | and complete lines 24 through 26 and lines 30 and 31.  |                   |                |  |
| ces          | 24    | Unrestricted   |                   |                |  |
| Fund Balance | 25    | Temporarily restricted   |                   |                |  |
| Ba           | 26    | Permanently restricted   |                   |                |  |
| ဋ            | ļ     | Foundations that do not follow SFAS 117, check here  |                   |                |  |
| Ī            |       | and complete lines 27 through 31.  |                   |                |  |
| s or         | 27    | Capital stock, trust principal, or current funds   | 6,553,847.        | 6,553,847.     |  |
| Net Assets   | 28    | Paid-in or capital surplus, or land, bldg., and equipment fund   | 0.                | 0.             |  |
| As           | 29    | Retained earnings, accumulated income, endowment, or other funds   | 17,403.           | -36,924.       |  |
| Š            | 30    | Total net assets or fund balances  | 6,571,250.        | 6,516,923.     | <u>.</u>   |
|              |       |  |                   |                |  |
|              | 31    | Total liabilities and net assets/fund balances   | 6,571,250.        | 6,516,923.     |  |
| P            | art   | Analysis of Changes in Net Assets or Fund Ba   | lances            |                |  |
|              |       | I net assets or fund balances at beginning of year - Part II, column (a), line 30                              | <u> </u>          | <del></del>    | <del>                                     </del> |
| •            |       | st agree with end-of-year figure reported on prior year's return)  | J                 |                | 6,571,250.                                       |
| 2            |       | r amount from Part I, line 27a   |                   | 1 2            | - 4 4 6 8  |
|              |       | r increases not included in line 2 (itemize)   |                   | 3              |  |
|              |       | lines 1, 2, and 3  | <del></del>       | 4              |  |
|              |       | eases not included in line 2 (itemize)   | ርፑፑ ርጥ            | ATEMENT 7 5    |  |
|              |       | I net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu                             |                   | ATEMENT / 5    |  |
| <u>~</u>     | . 010 | accord of total bankings at one of your time of finited mile of a difficult                                    | (5),              |                | Form <b>990-PF</b> (2014)                        |

423511 11-24-14

| Date of ru b Domestic of Part I, c All other 2 Tax unde 3 Add lines 4 Subtitle A 5 Tax base 6 Credits/P a 2014 est b Exempt f c Tax paid d Backup v 7 Total cre 8 Enter any 9 Tax due. 10 Overpay 11 Enter the Part VII-A 1a During th any politi b Did it spe if the an distribut c Did the fo d Enter the manager 2 Has the fi bylaws, o 4a Did the fo b If "Yes," I 5 Was ther if "Yes," I 5 Was ther if "Yes," I 6 Are the r By lang remain in 7 Did the fo geach s 9 Is the for year 201  | (2014) COASTAL LAND TRUST, INC.  |                 |                               | 63-0           | <u> </u>    | <u>74</u>       | F        | age 4              |
|--|--|-----------------|-------------------------------|----------------|-------------|-----------------|----------|--------------------|
| Date of ru b Domestic of Part I, c All other 2 Tax unde 3 Add lines 4 Subtitle A 5 Tax base 6 Credits/P a 2014 est b Exempt f c Tax paid d Backup v 7 Total cre 8 Enter any 9 Tax due. 10 Overpay 11 Enter the Part VII-A 1a During th any politi b Did it spe if the an distribut c Did the fo d Enter the manager 2 Has the fi bylaws, o 4a Did the fo b If "Yes," I 5 Was ther if "Yes," I 5 Was ther if "Yes," I 6 Are the r By lang remain in 7 Did the fo geach s 9 Is the for year 201  | Excise Tax Based on Investment Income (Section 494   | 0(a), 49        | 40(b), 4940(e), or            | <u> 4948 -</u> | see ins     | tru             | ction    | is)                |
| b Domestic of Part I, c All other 2 Tax unde 3 Add lines 4 Subtitle A 5 Tax base 6 Credits/P a 2014 est b Exempt f c Tax paid d Backup v 7 Total cre 8 Enter any 9 Tax due. 10 Overpay: 11 Enter the Part VII-A 1a During th any politi b Did it spe if the ani distributi c Did the fe d Enter the manager 2 Has the fi f"Yes," 3 Has the fi bylaws, c 4a Did the fe b If "Yes," 5 Was thei if "Yes," 6 Are the r By lang By star remain in 7 Did the fe  AL b If the ani of each s 9 Is the for year 201   | operating foundations described in section 4940(d)(2), check here 🕨 🔲 and e                            | nter "N/A" (    | on line 1.                    |                |             |                 |          |                    |
| of Part I, c All other 2 Tax under 3 Add lines 4 Subtitle A 5 Tax base 6 Credits/P a 2014 est b Exempt f c Tax paid d Backup v 7 Total cre 8 Enter any 9 Tax due. 10 Overpay: 11 Enter the Part VII-A 1a During the any politic b Did it spe if the any c Did the fe d Enter the manager 2 Has the fi myes, of 4 Did the fe b if "Yes," 5 Was their if "Yes," 6 Are the r By lang By star remain in 7 Did the fe AL b if the any of each s 9 Is the for year 201   | ruling or determination letter: (attach copy of letter if ned  | cessary-se      | e instructions)               | 1              |             |                 |          |                    |
| c All other 2 Tax under 3 Add lines 4 Subtitle A 5 Tax base 6 Credits/P a 2014 est b Exempt f c Tax paid d Backup v 7 Total cre 8 Enter any 9 Tax due. 10 Overpay: 11 Enter the Part VII-A 1a During the any politic b Did it spe If the any distribution c Did the fe d Enter the manager 2 Has the fi bylaws, of 4a Did the fe b If "Yes," 5 Was their If "Yes," 6 Are the r By lang By star remain in 7 Did the fe and AL b If the ans of each s 9 Is the for year 201  | ic foundations that meet the section 4940(e) requirements in Part V, check here                        | ► an            | nd enter 1%                   | 1_1_           |             |                 |          | 0.                 |
| 2 Tax under 3 Add lines 4 Subtitle A 5 Tax base 6 Credits/P a 2014 est b Exempt f c Tax paid d Backup v 7 Total cre 8 Enter any 9 Tax due. 10 Overpay: 11 Enter the Part VII-A 1a During the any politic b Did it specifies the any adistribute c Did the fi d Enter the manager 2 Has the fi manager 2 Has the fi b lf "Yes," i 5 Was their if "Yes," i 6 Are the r By lang By star remain in 7 Did the fi 8a Enter the AL b If the any of each s 9 Is the form year 2011   | l, line 27b  |                 |                               |                |             |                 |          |                    |
| 3 Add lines 4 Subtitle A 5 Tax base 6 Credits/P a 2014 est b Exempt f c Tax paid d Backup v 7 Total cre 8 Enter any 9 Tax due. 10 Overpay 11 Enter the Part VII-A 1a During th any politi b Did it spe If the any distribute c Did the fi d Enter the manager 2 Has the fi bylaws, c 4a Did the fi b If "Yes," i 5 Was their If "Yes," i 6 Are the r By land By star remain in 7 Did the fi 8a Enter the AL b If the ans of each s 9 Is the for year 201   | r domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%                     | 6 of Part I,    | line 12, col. (b). 💚          |                |             |                 |          |                    |
| 4 Subtitle A 5 Tax base 6 Credits/P a 2014 est b Exempt f c Tax paid d Backup v 7 Total cre 8 Enter any 9 Tax due. 10 Overpay 11 Enter the Part VII-A 1a During th any politi b Did it spe if the ani distribute c Did the fi d Enter the manager 2 Has the fi bylaws, o 4a Did the fi b If "Yes," i 5 Was then if "Yes," i 6 Are the r By lang By star remain in 7 Did the fi 8a Enter the AL b If the ani of each s 9 Is the for year 201  | fer section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. O                    | thers enter     | r -0~)                        | 2              |             |                 |          | <u>0.</u>          |
| 5 Tax base 6 Credits/P a 2014 est b Exempt f c Tax paid d Backup v 7 Total cre 8 Enter any 9 Tax due. 10 Overpay: 11 Enter the Part VII-A 1a During th any politi b Did it spe if the an distribut c Did the fo d Enter the manager 2 Has the f bylaws, o 4a Did the f b If "Yes," I 5 Was then if "Yes," I 5 Was then if "Yes," I 6 Are the r By lang By star remain in 7 Did the f 8a Enter the AL b If the ans of each s 9 Is the for year 201  | es 1 and 2   |                 |                               | 3              | <del></del> |                 |          | 0.                 |
| 6 Credits/P a 2014 est b Exempt f c Tax paid d Backup v 7 Total cre 8 Enter any 9 Tax due. 10 Overpay 11 Enter the Part VII-A 1a During th any politi b Did it spe if the an distribut c Did the fo d Enter the manager 2 Has the f bylaws, o 4a Did the fo b If "Yes," I 5 Was their if "Yes," I 6 Are the r By land By star remain in 7 Did the fo geach s 9 Is the for year 201   | A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. C                     | Others ente     | er -0-)                       | 4              | ·           |                 |          | 0.                 |
| a 2014 est b Exempt f c Tax paid d Backup v 7 Total cre 8 Enter any 9 Tax due. 10 Overpay: 11 Enter the Part VII-A 1a During th any politi b Did it spe if the ani distributi c Did the fi d Enter the manager 2 Has the fi bylaws, o 4a Did the fi b If "Yes," i 5 Was their if "Yes," i 6 Are the r By lang By star remain in 7 Did the fi 8a Enter the AL b If the ani of each s 9 Is the for year 201  | sed on investment income. Subtract line 4 from line 3. If zero or less, enter -0-                      |                 |                               | 5              |             |                 |          | 0.                 |
| b Exempt f c Tax paid d Backup v 7 Total cre 8 Enter any 9 Tax due. 10 Overpay: 11 Enter the Part VII-A 1a During th any politit b Did it spe If the and distribute c Did the fi d Enter the manager 2 Has the fi bylaws, c 4a Did the fi b lif "Yes," i 5 Was thei If "Yes," i 6 Are the r By lang By star remain in 7 Did the fi 8a Enter the AL b If the and of each s 9 Is the for year 201  |  | 1 1             |                               |                |             |                 |          |                    |
| c Tax paid d Backup v 7 Total cre 8 Enter any 9 Tax due. 10 Overpay 11 Enter the Part VII-A 1a During th any politi b Did it spe if the ani distribute c Did the fi d Enter the manager 2 Has the fi bylaws, o 4a Did the fi b If "Yes," i 5 Was thei if "Yes," i 6 Are the r By lang By star remain in 7 Did the fi 8a Enter the AL b If the ani of each s 9 Is the for year 201  | stimated tax payments and 2013 overpayment credited to 2014  | 6a              |                               | -              |             |                 |          |                    |
| d Backup v 7 Total cre 8 Enter any 9 Tax due. 10 Overpays 11 Enter the Part VII-A 1a During th any politi b Did it spe If the and distribute c Did the fi d Enter the manager 2 Has the fi bylaws, o 4a Did the fi b If "Yes," i 5 Was their If "Yes," i 6 Are the r By land By star remain in 7 Did the fi b If the ans of each s 9 Is the for year 201   | foreign organizations - tax withheld at source   | 6b              | <del> </del>                  | -              |             |                 |          |                    |
| 7 Total cre 8 Enter any 9 Tax due. 10 Overpay: 11 Enter the Part VII-A  1a During the any politic b Did it spe If the any distribute c Did the fe d Enter the manager 2 Has the fi bylaws, c 4a Did the fe b If "Yes," I 5 Was ther If "Yes," I 5 Was ther If "Yes," I 6 Are the r  By lang By star remain in 7 Did the fe AL b If the any of each s 9 Is the for year 201   | d with application for extension of time to file (Form 8868)   | 6c              |                               | -              |             |                 |          |                    |
| 8 Enter any 9 Tax due. 10 Overpay: 11 Enter the Part VII-A  1a During the any politic b Did it specific the any distribution c Did the ford d Enter the manager 2 Has the fire yes, 1 3 Has the fire yes, 1 5 Was then if "Yes," 1 5 Was then if "Yes," 1 6 Are the remain in 7 Did the fire By star remain in 7 Did the fire any of each s 9 Is the form year 201   | withholding erroneously withheld   | 6d              |                               | ┥ ├            |             |                 |          | _                  |
| 9 Tax due. 10 Overpays 11 Enter the Part VII-A 1a During the any politic b Did it specifies the any distribute c Did the fit d Enter the manager 2 Has the fit "Yes," I bylaws, of the fit "Yes," I was their if "Yes," I was their if "Yes," I bylaws, of the fit "Yes," I bylaws, of the fit "Yes," I was their if "Yes," I was their if "Yes," I bylaws, of the fit "Yes," I was their if "Yes," I was th | edits and payments. Add lines 6a through 6d  |                 |                               | 7              |             |                 |          | 0.                 |
| 10 Overpay: 11 Enter the Part VII-A  1a During the any politic b Did it specific the and distribution c Did the fector the manager 2 Has the firm Yes, 13 3 Has the firm Yes, 15 5 Was the firm Yes, 16 6 Are the results and 16 8 Enter the AL b If the anso of each s 9 Is the form year 2011  | ny penalty for underpayment of estimated tax. Check here if Form 2220 is atta                          | ached           |                               | 8              |             |                 |          |                    |
| 11 Enter the Part VII-A  1a During the any politic bill of the and distribute circle. Did the feet of the circle. The circle and circle and circle. The circle and circle. The circle and circle. The circle and circle and circle and circle. The circle and circle a | e. If the total of lines 5 and 8 is more than line 7, enter amount owed                                |                 | <b>&gt;</b>                   | 9              |             |                 | <u> </u> | 0.                 |
| Part VII-A  1a During the any politic bound it specifies the and distribute conditions of the angle of each so the angle of the angle of each so the angle of the angle of the angle of the angle of each so the angle of the angle of each so the angle of the angle of the angle of each so the angle of the angle of each so the angle of the angle  | yment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                    |                 | <u> </u>                      | 10             |             |                 |          |                    |
| 1a During the any politic bound it specifies the and distribute conditions of the angle of each so so the angle of the angle of each so so the angle of the angle of each so so the angle of the angle of the angle of each so so the angle of the angle of each so so the angle of the angle of each so so the angle of the angle of each so so the angle of the angle of each so so the angle of the angl | e amount of line 10 to be: Credited to 2015 estimated tax ►  A   Statements Regarding Activities       |                 | Refunded                      | 11             |             |                 |          |                    |
| any politic b Did it specific the and distribution c Did the fector of the Enter the manager 2 Has the fictor of the fector of t |  |                 |                               |                |             | ſ               | Yes      | No                 |
| b Did it spends to the analysis of each signs to be of each signs and the following and the first the following and the following and the following and the first the following and the following an | the tax year, did the foundation attempt to influence any national, state, or local legis              | station or o    | ild it participate or interve | ne in          | -           |                 | 163      | X                  |
| If the and distribute  c Did the fid Enter the (1) On the Enter the manager  2 Has the fide bylaws, of the | . •  | .coo /ooo in    | actructions for the definiti  | 20/0           | _           | <u>1a</u><br>1b | -        | $\frac{\Delta}{X}$ |
| distribute c Did the fe d Enter the (1) On t e Enter the manager Has the fe bylaws, c da Did the fe b If "Yes," I Was their "Yes," I Was their By lang By star remain in Did the fe Lift the ans of each s Is the for year 201   | pend more than \$100 during the year (either directly or indirectly) for political purpo               |                 |                               |                | -           | 10              |          |                    |
| c Did the find Enter the (1) On the Enter the manager 2 Has the find bylaws, of the find the  | Inswer is "Yes" to 1a or 1b, attach a detailed description of the activities an                        | ia copies       | or arry materials publis      | nea or         |             |                 |          |                    |
| d Enter the (1) On t e Enter the manager Has the f If "Yes," Has the f bylaws, c Did the f b If "Yes," I Was then If "Yes," I Are the r By lang By star remain in Did the f Ba Enter the AL b If the ans of each s I s the for year 201  | uted by the foundation in connection with the activities. foundation file Form 1120-POL for this year? |                 |                               |                |             | 1c              | [        | X                  |
| (1) On the Enter the manager 2 Has the form of each s 3 Has the form of each s 9 Interest of each s 1/f "Yes," Interest of each s 9 Is the form year 201   | ne amount (if any) of tax on political expenditures (section 4955) imposed during the                  | A voor*         |                               |                | <u> </u>    | 10              |          |                    |
| e Enter the manager Has the fif "Yes," Has the fibylaws, of the fif "Yes," If the firm and the fif "Yes," If the firm and the fif "Yes," If the firm and the firm | the foundation. > \$ 0 . (2) On foundation managers  |                 | 0                             |                |             |                 |          |                    |
| manager  Has the f  If "Yes,"  Has the f bylaws, o  The bif "Yes," if  Was ther  May the f By lang By star  remain in  Did the f  Ba Enter the  AL  b If the ans of each s  Is the for year 201  | the reimbursement (if any) paid by the foundation during the year for political expend                 |                 |                               | <u>•</u>       | l           | ı               | l        |                    |
| 2 Has the fif "Yes," 3 Has the fibylaws, 6 4a Did the fib If "Yes," 1 5 Was their If "Yes," 6 Are the r  By land By star remain in 7 Did the fib  8a Enter the AL  b If the and of each s 9 Is the for year 201  | ers. > \$  | murc tax iii    | nposed on loundation          |                |             |                 | 1        |                    |
| If "Yes,"  Has the find bylaws, or the find by | foundation engaged in any activities that have not previously been reported to the I                   | IRS?            |                               |                |             | 2               |          | X                  |
| 3 Has the find by laws, of the fire of the | ," attach a detailed description of the activities.  |                 |                               |                | <u> </u>    | -               |          |                    |
| bylaws, of the following bylaws, of the following bylams by start remain in the following bylams byl | foundation made any changes, not previously reported to the IRS, in its governing                      | ınstrumen       | t, articles of incorporation  | . or           |             |                 |          |                    |
| 4a Did the find by If "Yes," If "Yes," If "Yes," If "Yes," Are the remain in Told the find a Enter the AL by If the ansi of each sign year 201   | , or other similar instruments? If "Yes," attach a conformed copy of the chang                         |                 | ,                             | ,              |             | 3               |          | X                  |
| b If "Yes," If  Was then  If "Yes,"  Are the r  By land  By star  remain in  Did the form  AL  b If the and of each s  Is the form year 201  | foundation have unrelated business gross income of \$1,000 or more during the year                     |                 |                               |                |             | 4a              |          | X                  |
| 6 Are the r By lang By star remain ir Did the fi  8a Enter the AL b If the ans of each s 9 Is the for year 201   | has it filed a tax return on Form 990-T for this year?   |                 |                               | N              | /A [        | 4b              |          |                    |
| <ul> <li>Are the r</li> <li>By land</li> <li>By star</li> <li>remain in</li> <li>Did the formal</li> <li>AL</li> <li>If the and of each seed seed seed seed seed seed seed see</li></ul>   | ere a liquidation, termination, dissolution, or substantial contraction during the year                | ?               |                               |                |             | 5               |          | X                  |
| <ul> <li>By langer</li> <li>By star remain in 7</li> <li>Did the file</li> <li>8a Enter the AL</li> <li>b If the ansof each s</li> <li>9 Is the for year 201</li> </ul>  | ," attach the statement required by General Instruction T.   |                 |                               |                | Γ           |                 | 7        |                    |
| By star remain in 7 Did the five AL b If the anso of each s 9 Is the for year 201  | requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e                    | either:         |                               |                |             |                 |          | ı                  |
| 7 Did the formal of each s 9 Is the formal year 201  | nguage in the governing instrument, or   |                 |                               |                |             |                 |          |                    |
| 7 Did the formal Park Street P | ate legislation that effectively amends the governing instrument so that no mandator                   | ry direction    | ns that conflict with the st  | ate law        | ļ           | 1               |          |                    |
| 8a Enter the AL  b If the ans of each s 9 Is the for year 201  | in the governing instrument?   |                 |                               |                | Ĺ           | 6               |          | <u>X</u> _         |
| AL b If the and of each s 9 Is the for year 201  | foundation have at least \$5,000 in assets at any time during the year? If "Yes," con                  | mplete Pa       | art II, col. (c), and Part i  | XV             | <u> </u> _  | 7               | X        |                    |
| AL b If the and of each s 9 Is the for year 201  |  |                 |                               |                |             |                 |          |                    |
| of each s  list the for year 201   | ne states to which the foundation reports or with which it is registered (see instruction              | ons) 🟲 _        |                               |                |             | ľ               | Ì        |                    |
| of each s 9 Is the for year 201  |  |                 |                               |                |             |                 |          |                    |
| 9 Is the for<br>year 201   | nswer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A                  | Attorney G      | eneral (or designate)         |                |             |                 |          |                    |
| year 201   | state as required by General Instruction G? If "No," attach explanation                                |                 |                               |                | -           | 8b              | X        |                    |
|  | oundation claiming status as a private operating foundation within the meaning of se                   |                 |                               | alendar        |             |                 |          |                    |
| 30 D.4   | 014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," of                | -               |                               |                | -           | 9               | <u> </u> |                    |
| iu Dio any j   | / persons become substantial contributors during the tax year? If "Yes," attach a sched                | lule listing th | eir names and addresses       |                |             | 10              | DE /     | X_                 |

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| orm | 990-PF (2014) COASTAL LAND TRUST, INC.  | 3-084977           | 4        | Page 5   |
|-----|---|--------------------|----------|----------|
|     | rt VII-A   Statements Regarding Activities (continued)  |                    |          |          |
| 11  | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)   | 11                 |          | x        |
| 12  | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privil "Yes," attach statement (see instructions)  | leges?             |          | X        |
| 13  | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?   | 13                 |          |          |
| 14  | Website address ► N/A  The books are in care of ► ARTHUR C. TONSMEIRE, III  Telephone no. ►   |                    | 8-16     | 55       |
|     |   | IP+4 <b>▶</b> 3653 | 4        |          |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here   | 15                 | N/A      | `LJ      |
| 10  | and enter the amount of tax-exempt interest received or accrued during the year  At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,   | 10                 | Yes      | No       |
| 10  | securities, or other financial account in a foreign country?  | 1 16               | ı        | X        |
|     | See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of   |                    |          |          |
|     | foreign country   |                    |          | <u></u>  |
| Pa  | art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required   |                    |          |          |
|     | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.   | <u> </u>           | Yes      | No       |
| 1a  | During the year did the foundation (either directly or indirectly):   |                    |          |          |
|     | (-)   | X No               | i        |          |
|     | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)   | X No               |          |          |
|     |   | X No               |          |          |
|     | (a) 1 a   | X No               | - 1      |          |
|     | (5) Transfer any income or assets to a disqualified person (or make any of either available   |                    |          |          |
|     | for the benefit or use of a disqualified person)?   | X No               |          |          |
|     | (6) Agree to pay money or property to a government official? (Exception. Check "No"   |                    |          |          |
|     | if the foundation agreed to make a grant to or to employ the official for a period after  |                    |          |          |
|     |   | X No               |          |          |
| t   | o If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations   |                    |          |          |
|     | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?   | N/A 1              | D        | <u> </u> |
|     | Organizations relying on a current notice regarding disaster assistance check here  |                    | ŀ        |          |
| 0   | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected   | 1.                 |          | 1,,      |
| _   | before the first day of the tax year beginning in 2014?   | 10                 | C        | X        |
| 2   | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation  |                    | ĺ        |          |
|     | defined in section 4942(j)(3) or 4942(j)(5)):  At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning   |                    |          |          |
| č   |   | X No               |          |          |
|     | If "Yes," list the years  |                    |          |          |
| t   | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect  |                    |          |          |
|     | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach  |                    | İ        |          |
|     | statement - see instructions.)  | N/A 2              | <b>b</b> |          |
| (   | of the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.   |                    |          |          |
|     | <u> </u>  |                    |          |          |
| 31  | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time   | X No               |          | }        |
|     |   |                    |          | 1        |
|     | b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dis | <b>I</b>           |          |          |
|     | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,  |                    |          |          |
|     | Form 4720, to determine if the foundation had excess business holdings in 2014.)  | N/A 3              | ь        |          |
| 4:  | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?   | 4                  |          | X        |
|     | b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose t   | hat                |          |          |
|     | had not been removed from jeopardy before the first day of the tax year beginning in 2014?  | 4                  |          | X        |
|     |   | Form §             | 990-PF   | (2014)   |

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| orm 990-PF (2014) COASTAL LAND TRUST, INC.  | Form 4700 May Po F                               |                                       | 63-0849  | / 4          | Page 6                 |
|---|--|---------------------------------------|--|--------------|------------------------|
| Part VII-B   Statements Regarding Activities for Which  | Form 4/20 May be F                               | required (continu                     | iea)   | <del></del>  | <del></del>            |
| 5a During the year did the foundation pay or incur any amount to:                                   |  | <u></u>                               | [ <del></del> ]  |              |                        |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section                     |  |                                       | s X No   |              |                        |
| (2) Influence the outcome of any specific public election (see section 4955);                       | or to carry on, directly or indire               | ectly,                                | [ <del>42]</del>   |              |                        |
| any voter registration drive?   |  |                                       | s X No   |              |                        |
| (3) Provide a grant to an individual for travel, study, or other similar purpose                    |  | Ye                                    | s X No   |              |                        |
| (4) Provide a grant to an organization other than a charitable, etc., organization                  | on described in section                          | <del></del>                           | F==1   |              |                        |
| 4945(d)(4)(A)? (see instructions)   |  |                                       | s X No   |              |                        |
| (5) Provide for any purpose other than religious, charitable, scientific, literary                  | y, or educational purposes, or f                 | or —                                  | ( <del></del> )  |              |                        |
| the prevention of cruelty to children or animals?   |  |                                       | s X No   |              |                        |
| <b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify un |  | n Regulations                         | /  |              |                        |
| section 53.4945 or in a current notice regarding disaster assistance (see insti                     |  |                                       | N/A  | 5b           |                        |
| Organizations relying on a current notice regarding disaster assistance check                       |  |                                       |  |              |                        |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption                     |  |                                       |  | i            |                        |
| expenditure responsibility for the grant?   | N  | I∕A                                   | s L No   |              |                        |
| If "Yes," attach the statement required by Regulations section 53.49-                               | 45-5(d).   |                                       |  | - 1          |                        |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to               | o pay premiums on                                |                                       |  |              |                        |
| a personal benefit contract?  |  | Ye                                    | s X No   |              |                        |
| <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a            | personal benefit contract?                       |                                       | -  | 6b           | <u> </u>               |
| If "Yes" to 6b, file Form 8870.   |  |                                       |  |              |                        |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax                  |  | Ye                                    | s X No   |              | <del></del>            |
| b If "Yes," did the foundation receive any proceeds or have any net income attri                    |  | <del></del>                           | N/A  | 7b           |                        |
| Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors               | tees, Foundation Ma                              | inagers, Highly                       | /  |              |                        |
|   | r componentian                                   |                                       |  |              |                        |
| 1 List all officers, directors, trustees, foundation managers and their                             | (b) Title, and average                           | (c) Compensation                      | (d) Contributions to   | (e)          | Expense                |
| (a) Name and address  | hours per week devoted                           | (If not paid.                         | (d) Contributions to<br>employee benefit plans<br>and deferred | acco         | Expense<br>unt, other  |
|   | to position                                      | `enter`-0-)                           | compensation   | and          | wances                 |
|   | _  |                                       |  |              |                        |
| CDD CMA MDACHAM 10  | -  | 0.                                    | 0  |              | 0.                     |
| SEE STATEMENT 10  |  | 0.                                    |  | <u>•</u>     | <u> </u>               |
|   | _  |                                       |  | İ            |                        |
|   | -  |                                       |  |              |                        |
|   |  | <del> </del>                          | <del> </del>   | +            |                        |
|   | $\dashv$   |                                       |  |              |                        |
|   | -  |                                       | ŀ  |              |                        |
|   |  |                                       |  | -            |                        |
|   |  |                                       | 1  |              |                        |
|   | _  |                                       |  |              |                        |
| 2 Compensation of five highest-paid employees (other than those in                                  | ncluded on line 1). If none.                     | enter "NONE."                         | l  |              |                        |
|   | (b) Title, and average                           |                                       | (d) Contributions to employee benefit plan                     | (e)          | Expense                |
| (a) Name and address of each employee paid more than \$50,000                                       | hours per week devoted to position               | (c) Compensation                      | and deferred compensation                                      | , acco       | ount, other<br>owances |
| NONE  | devoted to position                              |                                       | Compensation   | <del> </del> | -                      |
| NONE  | -  |                                       |  |              |                        |
|   | <del>                                     </del> | <del> </del>                          | <del> </del>   | +            |                        |
|   | $\dashv$   |                                       |  |              |                        |
|   |  | · · · · · · · · · · · · · · · · · · · |  | +            |                        |
|   | ┥  |                                       | 1  |              |                        |
|   |  | <del> </del>                          | <del> </del>   |              |                        |
|   | -  |                                       |  |              |                        |
|   |  | <del> </del>                          | <del> </del>   |              |                        |
|   | -  |                                       |  |              |                        |
|   |  |                                       |  |              |                        |
| Total number of other employees paid over \$50,000  |  |                                       | <b></b>  |              | 0                      |

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|--|---------------------|----------------------------------|
| Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)   |                     |                                  |
| 3 Five highest-paid independent contractors for professional services. If none, en   | ter "NONE."         |                                  |
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service | (c) Compensation                 |
| NONE   |                     |                                  |
|  |                     |                                  |
|  |                     |                                  |
| Total number of others receiving over \$50,000 for professional services   |                     | ▶ 0                              |
| Part IX-A Summary of Direct Charitable Activities  |                     |                                  |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant stanumber of organizations and other beneficiaries served, conferences convened, research papers p | roduced, etc.       | Expenses                         |
| 1 ALL ACTIVITIES ARE RELATED TO THE BASIC PUR<br>CONSERVING OUR NATURAL LAND AREAS AND WILDI   |                     |                                  |
| 2  |                     |                                  |
| 3  |                     |                                  |
| 4  |                     |                                  |
| Part IX-B   Summary of Program-Related Investments   |                     |                                  |
| Describe the two largest program-related investments made by the foundation during the tax year  | on lines 1 and 2.   | Amount                           |
| 1 <u>N/A</u>   |                     | ^                                |
| 2  |                     | 0.                               |
| All other program-related investments. See instructions.   |                     |                                  |
|  |                     | <del></del>                      |
| Total. Add lines 1 through 3   |                     | 0 .<br>Form <b>990-PF</b> (2014) |
|  |                     | 101111 <b>330-F</b> F (2014)     |

| _              | 1 990-PF (2014) COASTAL LAND TRUST, INC.  | 0.3         | -0042774 Tage 0      |
|----------------|---|-------------|----------------------|
| P              | Minimum Investment Return (All domestic foundations must complete this part. Foreign four                       | ndations    | , see instructions.) |
| 1              | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:     |             |                      |
| а              | Average monthly fair market value of securities   | 1a_         | 0.                   |
| b              | Average of monthly cash balances  | 1b          | 1,137,233.           |
| C              | Fair market value of all other assets   | 1c          | 227,504.             |
| d              | Total (add lines 1a, b, and c)  | 1d          | 1,364,737.           |
| е              | Reduction claimed for blockage or other factors reported on lines 1a and  | l           |                      |
|                | 1c (attach detailed explanation) 1e 0.  |             |                      |
| 2              | Acquisition indebtedness applicable to line 1 assets  | 2           | 0.                   |
| 3              | Subtract line 2 from line 1d  | 3           | 1,364,737.           |
| 4              | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)       | 4           | 20,471.              |
| 5              | Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4             | 5           | 1,344,266.           |
| 6              | Minimum investment return. Enter 5% of line 5   | 6           | 67,213.              |
| P              | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are | nd certain  | ı                    |
|                | foreign organizations check here 🕨 🗶 and do not complete this part.)  | <del></del> |                      |
| 1              | Minimum investment return from Part X, line 6   | 1           |                      |
| 2a             | Tax on investment income for 2014 from Part VI, line 5  |             |                      |
| b              | Income tax for 2014. (This does not include the tax from Part VI.)  |             |                      |
| C              | Add lines 2a and 2b   | 2c          |                      |
| 3              | Distributable amount before adjustments. Subtract line 2c from line 1   | 3           |                      |
| 4              | Recoveries of amounts treated as qualifying distributions   | 4           |                      |
| 5              | Add lines 3 and 4   | 5           |                      |
| 6              | Deduction from distributable amount (see instructions)  | 6           |                      |
| 7_             | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1              | 7           |                      |
| P              | Qualifying Distributions (see instructions)   |             |                      |
| <del>-</del> 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                      |             |                      |
| ·a             | Expenses, contributions, gifts, etc total from Part I, column (d), line 26                                      | 1a          | 85,485.              |
| b              | Program-related investments - total from Part IX-B  | 1b          | 0.                   |
| 2              | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes       | 2           |                      |
| 3              | Amounts set aside for specific charitable projects that satisfy the:  |             |                      |
| а              | 6   | 3a          |                      |
| ь              |   | 3b          |                      |
| 4              | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4      | 4           | 85,485.              |
| 5              | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment                    |             |                      |
| v              | income. Enter 1% of Part I, line 27b  | 5           | 0.                   |
| 6              | Adjusted and lifeing distributions. Subtract line 5 from line 4   | 6           | 85,485.              |

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

|  | (a)<br>Corpus | (b)<br>Years prior to 2013 | ( <b>c</b> )<br>2013 | ( <b>d</b> )<br>2014      |
|--|---------------|----------------------------|----------------------|---------------------------|
| 1 Distributable amount for 2014 from Part XI,  |               |                            |                      | _                         |
| line 7   |               |                            |                      | 0.                        |
| 2 Undistributed income, if any, as of the end of 2014  |               | j                          | 0.                   |                           |
| a Enter amount for 2013 only b Total for prior years:  |               |                            | 0.                   |                           |
| b rotal for prior years.   |               | 0.                         |                      |                           |
| 3 Excess distributions carryover, if any, to 2014:   |               |                            |                      | <del></del>               |
| a From 2009 24,937.  |               |                            |                      |                           |
| b From 2010 63,842.  |               |                            |                      |                           |
| c From 2011 83,641.  | ľ             | Ì                          |                      |                           |
| d From 2012 34,028.  |               |                            |                      |                           |
| e From 2013  |               |                            |                      |                           |
| f Total of lines 3a through e  | 206,448.      |                            |                      |                           |
| 4 Qualifying distributions for 2014 from   |               |                            |                      |                           |
| Part XII, line 4: ► \$ N/A   |               |                            |                      |                           |
| a Applied to 2013, but not more than line 2a   |               |                            | 0.                   |                           |
| <b>b</b> Applied to undistributed income of prior  |               |                            |                      |                           |
| years (Election required - see instructions)   |               | 0.                         |                      |                           |
| c Treated as distributions out of corpus   |               |                            |                      |                           |
| (Election required - see instructions)   | 0.            |                            |                      | 0.                        |
| d Applied to 2014 distributable amount   | 0.            |                            |                      | <u> </u>                  |
| e Remaining amount distributed out of corpus  5 Excess distributions carryover applied to 2014   | 0.            |                            |                      | 0.                        |
| (if an amount appears in column (d), the same amount must be shown in column (a) )   |               |                            |                      |                           |
| 6 Enter the net total of each column as indicated below:   | 225 442       |                            |                      |                           |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 206,448.      |                            |                      |                           |
| b Prior years' undistributed income. Subtract  |               |                            |                      |                           |
| line 4b from line 2b   |               | 0.                         |                      |                           |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |               | 0.                         |                      |                           |
| d Subtract line 6c from line 6b. Taxable   |               |                            |                      |                           |
| amount - see instructions  |               | 0.                         |                      |                           |
| e Undistributed income for 2013. Subtract line   |               |                            |                      |                           |
| 4a from line 2a. Taxable amount - see instr.   |               |                            | 0.                   |                           |
| f Undistributed income for 2014. Subtract  |               |                            |                      |                           |
| lines 4d and 5 from line 1. This amount must   |               |                            |                      |                           |
| be distributed in 2015   |               |                            |                      | 0.                        |
| 7 Amounts treated as distributions out of  |               |                            |                      |                           |
| corpus to satisfy requirements imposed by  |               |                            |                      |                           |
| section 170(b)(1)(F) or 4942(g)(3) (Election   | _             |                            |                      |                           |
| may be required - see instructions)  | 0.            |                            |                      |                           |
| 8 Excess distributions carryover from 2009 not applied on line 5 or line 7   | 24,937.       |                            |                      |                           |
| 9 Excess distributions carryover to 2015.  | 24,331.       |                            |                      |                           |
| Subtract lines 7 and 8 from line 6a  | 181,511.      |                            |                      |                           |
| 10 Analysis of line 9:   |               |                            |                      | <del></del>               |
| a Excess from 2010 63,842.   | }             |                            |                      |                           |
| <b>b</b> Excess from 2011 <b>83</b> , 641.   |               |                            |                      |                           |
| c Excess from 2012 34,028.   |               |                            |                      |                           |
| d Excess from 2013   |               |                            |                      |                           |
| e Excess from 2014<br>423581   | <u></u>       |                            | <del></del>          |                           |
| 423301   |               |                            |                      | Form <b>990-PF</b> (2014) |

|  | LAND TRUST                 |                             |                          | 63-08                        | 349774 Page 10           |
|--|----------------------------|-----------------------------|--------------------------|------------------------------|--------------------------|
| Part XIV Private Operating F   |                            | <del></del>                 | A, question 9)           |                              |                          |
| 1 a If the foundation has received a ruling o  |                            |                             |                          |                              |                          |
| foundation, and the ruling is effective fo   | ·                          | =                           | ,                        | /07/15                       |                          |
| b Check box to indicate whether the found  |                            | ig foundation described in  |                          | 4942(j)(3) or 4              | 942(j)(5)                |
| 2 a Enter the lesser of the adjusted net   | Tax year                   |                             | Prior 3 years            | 111 0044                     | 4.5.                     |
| income from Part I or the minimum  | (a) 2014                   | <b>(b)</b> 2013             | (c) 2012                 | (d) 2011                     | (e) Total                |
| investment return from Part X for  |                            |                             |                          |                              |                          |
| each year listed   | 6,751.                     | 36,882.                     | 12,740                   |                              | 61,737.                  |
| <b>b</b> 85% of line 2a  | 5,738.                     | 31,350.                     | 10,829                   | 4,559                        | 52,476.                  |
| c Qualifying distributions from Part XII,  |                            | ,                           | •                        |                              |                          |
| line 4 for each year listed  | 85,485.                    | 128,513.                    | 88,537                   | . 132,847.                   | 435,382.                 |
| d Amounts included in line 2c not  |                            |                             |                          |                              |                          |
| used directly for active conduct of  |                            |                             |                          |                              |                          |
| exempt activities  | 4,800.                     | 0.                          | 0                        | . 0.                         | 4,800.                   |
| e Qualifying distributions made directly   |                            |                             |                          |                              |                          |
| for active conduct of exempt activities.   |                            |                             |                          |                              |                          |
| Subtract line 2d from line 2c  | 80,685.                    | 128,513.                    | 88,537                   | . 132,847.                   | 430,582.                 |
| 3 Complete 3a, b, or c for the   |                            |                             |                          |                              |                          |
| alternative test relied upon:  a "Assets" alternative test - enter:  |                            |                             |                          |                              |                          |
| (1) Value of all assets  | 6,516,532.                 | 6,571,302.                  | 6,512,928                | 6,658,635                    | .26,259,397.             |
| (2) Value of assets qualifying   |                            |                             |                          |                              |                          |
| under section 4942(J)(3)(B)(i)   | 5,172,266.                 | 5,416,550.                  | 5,422,740                | 5,647,037                    | 21,658,593.              |
| b "Endowment" alternative test - enter   |                            |                             |                          |                              |                          |
| 2/3 of minimum investment return   |                            |                             |                          |                              |                          |
| shown in Part X, line 6 for each year listed   | 44,809.                    | 38,492.                     | 36,339                   | 33,720                       | 153,360.                 |
| c "Support" alternative test - enter:  |                            |                             |                          |                              |                          |
| (1) Total support other than gross   |                            |                             |                          |                              |                          |
| investment income (interest,   |                            |                             |                          |                              |                          |
| dividends, rents, payments on  |                            |                             |                          |                              |                          |
| securities loans (section 512(a)(5)), or royalties)  |                            |                             |                          |                              | 0.                       |
| (2) Support from general public  |                            |                             |                          |                              | -                        |
| and 5 or more exempt   |                            |                             |                          |                              |                          |
| organizations as provided in<br>section 4942(j)(3)(B)(iii)   |                            | 1                           |                          |                              | 0.                       |
| (3) Largest amount of support from   |                            |                             |                          |                              |                          |
| an exempt organization   |                            |                             |                          |                              | 0.                       |
| (4) Gross investment income  |                            |                             |                          |                              | 0.                       |
| Part XV Supplementary Info   | ermation (Comple           | te this part only           | if the foundation        | n had \$5,000 or m           | nore in assets           |
| at any time during   |                            |                             |                          |                              |                          |
| <del> </del>   |                            |                             |                          |                              |                          |
| <ul> <li>Information Regarding Foundation</li> <li>a List any managers of the foundation with</li> </ul>   |                            | than 2% of the total cont   | ributions received by t  | he foundation hefore the cl  | ose of any tax           |
| vear (but only if they have contributed i  |                            |                             | ributions received by ti | ne roundation before the ci  | OSC OF ALLY LAX          |
| , , , ,  | ,· (                       | (-/(-//                     |                          |                              |                          |
| NONE  b List any managers of the foundation when the foundation wh | no own 10% or more of th   | ne etack of a corporation i | (or an equally large not | rtion of the ownership of a  | nartnership or           |
| other entity) of which the foundation ha   |                            |                             | (or arrequary large por  | THOM OF THE CHINOSOMP OF A   | paratorothip of          |
| NONE   | -                          |                             |                          |                              |                          |
| 2 Information Regarding Contribut  | tion Grant Gift Loan       | Scholarship etc. Pr         | ograme.                  |                              | <del></del>              |
|  |                            |                             |                          | s not accept unsolicited red | wests for funds. If      |
| the foundation makes gifts, grants, etc.   | (see instructions) to indi | viduals or organizations u  | inder other conditions.  | complete items 2a, b, c, ai  | nd d.                    |
| a The name, address, and telephone num   |                            | ·                           | <del></del>              |                              | <del></del>              |
| ARTHUR C. TONSEMIRE  |                            |                             | IOGUVIIO SHOUIU DE QUU   |                              |                          |
| 6 SOUTH SUMMIT STREE   |                            |                             |                          |                              |                          |
| b The form in which applications should  |                            |                             | honly racings.           |                              |                          |
| LETTER FORM WITH CO  |                            |                             |                          |                              |                          |
|  | I OF THA EA                | TEMEL SIMIUS                | AFERUVAL                 | <del></del>                  | <del></del>              |
| c Any submission deadlines:  |                            |                             |                          |                              |                          |
| NONE   | to ough as hy assess       | al areas charitable field-  | kinds of institutions    | or other factore:            | <del></del>              |
| d Any restrictions or limitations on award  MUST BE RELATED TO 1   |                            |                             | . พ.ศนอ บา เกอแนนเบเร, เ | א טנווטו ומטנטוט.            |                          |
| MUST DE RELATED TO I   | AUTOVVII VESC              | ONCED                       |                          |                              |                          |
| 423601 11-24-14  |                            | <del> · · · - · - · </del>  | ·                        | <del></del>                  | Form <b>990-PF</b> (2014 |
|  |                            |                             |                          |                              |                          |

Total

Form **990-PF** (2014)

#### Part XVI-A Analysis of Income-Producing Activities

|   | Unrelated t     | ousiness income                         | Evalua   | ed by section 512, 513, or 514                    | <del></del>                           |
|---|-----------------|---|--|---|---------------------------------------|
| Enter gross amounts unless otherwise indicated.                 | (a)<br>Business | (b) Amount                              | (C)<br>Exclu-<br>sion                            | (d) Amount  | (e) Related or exempt function income |
| 1 Program service revenue:                                      | code            | Amount                                  | code   | Allibuit  | Tunction income                       |
| a   | _               |   | <b>├</b>   |   |                                       |
| b   | _               |   | <del>                                     </del> |   | <del></del>                           |
| c   | _               | ·                                       | <del>  </del>                                    |   | <del></del>                           |
| d   | _               |   | $\perp$  |   |                                       |
| e   |                 |   |  |   |                                       |
| f   | _               |   |  |   |                                       |
| g Fees and contracts from government agencies                   |                 |   |  |   |                                       |
| 2 Membership dues and assessments                               |                 |   |  |   |                                       |
| 3 Interest on savings and temporary cash                        |                 |   |  |   |                                       |
| investments   | 1               |   | 14   | 4,745.  |                                       |
| 4 Dividends and interest from securities                        |                 |   |  |   |                                       |
| 5 Net rental income or (loss) from real estate:                 |                 |   |  |   |                                       |
| a Debt-financed property  |                 |   |  |   |                                       |
| b Not debt-financed property                                    |                 |   |  |   |                                       |
| 6 Net rental income or (loss) from personal                     |                 | -                                       | <del>  </del>                                    |   |                                       |
|   |                 |   |  |   |                                       |
| property 7 Other investment income                              | <del> </del>    |   | 16   | 2,006.  |                                       |
|   |                 |   | + + 9  | 2,000.  |                                       |
| 8 Gain or (loss) from sales of assets other                     |                 |   |  |   | 87,750.                               |
| than inventory  |                 |   | ┼  |   | 07,730.                               |
| 9 Net income or (loss) from special events                      |                 |   | <del> </del>                                     |   |                                       |
| 10 Gross profit or (loss) from sales of inventory               | <del></del>     |   | <del> </del>                                     |   |                                       |
| 11 Other revenue:   |                 |   |  |   |                                       |
| <u> </u>  | 1 1             | <del> </del>                            | <del>  </del>                                    |   |                                       |
| b   | _               |   |  |   |                                       |
| C   | _               | <del></del>                             | <b></b>  |   |                                       |
| d   |                 |   |  |   |                                       |
| e   |                 |   | <del>  </del>                                    |   | <del></del>                           |
| 12 Subtotal. Add columns (b), (d), and (e)                      |                 | 0.                                      | <u>.L</u> 1                                      | 6,751.  | 87,750.                               |
| 13 Total. Add line 12, columns (b), (d), and (e)                |                 |   |  | 13  | 94,501.                               |
| (See worksheet in line 13 instructions to verify calculations.) | ) <u></u>       |   |  |   |                                       |
| Part XVI-B Relationship of Activities                           | to the Accon    | plishment of E                          | xempl  | t Purposes  |                                       |
|   |                 |   |  |   |                                       |
| Line No. Explain below how each activity for which in           |                 |   | A contrib  | uted importantly to the accom-                    | plishment of                          |
| the foundation's exempt purposes (other the                     |                 |   | TOTT   | D BOD MILE DIT                                    | DOCEC OF                              |
| 8 THIS EXEMPT PRIVATE FO  |                 |   |  |   |                                       |
| CONSERVING OUR NATURA   |                 |   |  |   | IVITIES OF                            |
| THE ORGANIZATION ARE  | RELATED TO      | THIS PURE                               | OSE  | •   |                                       |
|   |                 |   |  |   |                                       |
|   |                 |   |  |   |                                       |
|   |                 |   |  |   |                                       |
|   |                 |   |  |   |                                       |
|   |                 |   |  |   |                                       |
|   |                 |   |  |   |                                       |
|   |                 |   |  |   |                                       |
|   |                 |   |  |   | <u>.</u>                              |
|   |                 |   |  |   |                                       |
|   |                 |   |  |   |                                       |
|   |                 |   |  |   |                                       |
|   |                 |   |  |   |                                       |
|   |                 | *************************************** |  |   |                                       |
|   |                 | <del></del>                             |  | <del>-                                    </del>  | · · · · · · · · · · · · · · · · · · · |
|   |                 |   |  | ·· <del>···································</del> |                                       |
|   |                 |   |  |   |                                       |
| 423621<br>11-24-14  |                 |   |  |   | Form <b>990-PF</b> (2014              |
| 11-24-14  |                 |   |  |   | 1 01111 000-F1 (2014                  |

|                      |  | · · · · · · · · · · · · · · · · · · ·                                |                       |  |
|----------------------|--|--|-----------------------|--|
|                      |  |  |                       |  |
|                      |  |  |                       |  |
|                      |  |  |                       | -  |
| in section           | undation directly or indirectly affiliated with, on 501(c) of the Code (other than section 501   | · •  | zations described     | Yes X No   |
| <b>b</b> If "Yes," c | complete the following schedule.   |  |                       | <del></del>  |
|                      | (a) Name of organization   | (b) Type of organization   | (c) Description of re | lationship   |
|                      | N/A  |  |                       |  |
|                      |  |  |                       |  |
| <del></del>          |  |  |                       | <del></del>  |
|                      |  |  |                       |  |
|                      |  |  |                       |  |
|                      |  |  |                       |  |
| Sign Here            | er penaltins of perjury, I declare that Thave examined theirs, it is true, correct, and complete Declaration of the control of |  |                       | May the IRS discuss this return with the preparer shown below (see instr.)?  X Yes No. |
|                      | <u></u>  |  | Date Check If         | PTIN   |
| Paid<br>Preparer     |  | Preparer's signature  Cue, Preparer's signature  MPSON BUTLER & HOUS | Self- employed        | P00474055<br>3-0965059   |
| Use Only             |  | 0106   |                       |  |

Form **990-PF** (2014)

Phone no. 251-473-5550

MOBILE, AL 36670

| FORM 990-PF  | INTEREST  | ON | SAVINGS | AND | TEMPORARY                  | CASH | INVESTMENTS                 | STATEMENT                     | 1  |
|--------------|-----------|----|---------|-----|----------------------------|------|-----------------------------|-------------------------------|----|
| SOURCE       |           |    |         | _   | (A)<br>REVENUE<br>ER BOOKS | NET  | (B)<br>INVESTMENT<br>INCOME | (C)<br>ADJUSTED<br>NET INCOME | 2  |
| BANK ACCOUNT | 'S        |    | -       |     | 4,745.                     |      | 4,745.                      | 4,74                          | 5. |
| TOTAL TO PAR | T I, LINE | 3  | -       |     | 4,745.                     |      | 4,745.                      | 4,74                          | 5. |

| FORM 990-PF GAIN OF                   | (LOSS)                      | ROM SALE O                 | FASSETS       |                              | STATEMENT                  | 2          |
|---------------------------------------|-----------------------------|----------------------------|---------------|------------------------------|----------------------------|------------|
| (A)<br>DESCRIPTION OF PROPERTY        |                             |                            | MANN<br>ACQUI |                              | re<br>RED DATE SO          | OLD        |
| SALE OF TIMBER                        |                             |                            | PURCHA        | SED                          | <del></del>                |            |
|                                       | (C)                         | (D)                        | (E            | )                            | (F)                        |            |
|                                       | ST OR<br>R BASIS            | EXPENSE OF                 |               | REC. G                       | SAIN OR LOS                | S          |
| 102,480.                              | 0.                          | 14,73                      | o.            | 0.                           | 87,7                       | 50.        |
| NET GAIN OR LOSS FROM SALE OR         | ASSETS                      |                            |               |                              | 87,7                       | 50.        |
| CAPITAL GAINS DIVIDENDS FROM          | PART IV                     |                            |               | <del>_</del>                 |                            | 0.         |
| TOTAL TO FORM 990-PF, PART I          | LINE 6A                     |                            |               | _                            | 87,7                       | 50.        |
|                                       |                             |                            |               | <del>=</del>                 |                            |            |
| FORM 990-PF                           | ОТНЕ                        | RINCOME                    |               |                              | STATEMENT                  | 3          |
| DESCRIPTION                           |                             | (A)<br>REVENUE<br>PER BOOK |               | (B)<br>INVEST-<br>T INCOME   | (C)<br>ADJUSTE<br>NET INCO |            |
| MISC INCOME<br>FROM WEST DAUPHIN, LLC |                             |                            | 950.<br>056.  | 950.<br>1,056.               |                            | 50.<br>56. |
| TOTAL TO FORM 990-PF, PART I          | , LINE 11                   | 2,                         | 006.          | 2,006.                       | 2,0                        | 06.        |
| FORM 990-PF                           | ACCOU                       | NTING FEES                 |               |                              | STATEMENT                  | 4          |
| DESCRIPTION                           | (A)<br>EXPENSES<br>PER BOOM |                            |               | (C)<br>ADJUSTED<br>ET INCOME | (D)<br>CHARITA<br>E PURPOS |            |
| PROFESSIONAL FEES                     | 20,6                        | 56. 20                     | ,656.         | (                            | 0.                         | 0.         |
| TO FORM 990-PF, PG 1, LN 16B          | 20,6                        | 56. 20                     | ,656.         | (                            | 0.                         | 0.         |
|                                       |                             |                            |               |                              |                            |            |

COASTAL LAND TRUST, INC.

December 31, 2014

EIN: 63-0849774 NET GAIN OR (LOSS) FROM SALE OF ASSETS

PART 1, LINE 6a, Column (a)

| Gain/ | (Loss)   |
|-------|----------|
| Cost  | Basis    |
| Sales | Price    |
| Date  | Sold     |
| Date  | Acquired |
|       |          |

87,750 14,730.00 102,480 VARIOUS VARIOUS SALE OF TIMBER

Total gain from sale of assets reported on Part I, Line 6(a), Column (a)

Manner of acquisition: Purchase

\$ 87,750

The timber cut and sold in the current year was to clear out unwanted timber from tracts that the Trust holds. This is done in order for the Trust to continue to carry out its conservation purposes.

| FORM 990-PF  | TAX   | ES  | STATEMENT 5                   |  |  |  |
|--|---|---|-------------------------------|--|--|--|
| DESCRIPTION  | (A)<br>EXPENSES<br>PER BOOKS  | (B)<br>NET INVEST-<br>MENT INCOME             | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES                  |  |  |
| PROPERTY TAXES OTHER TAXES   | 5,413.<br>400.  | 0.<br>400.                                    | 0.                            | 5,413.<br>0.                                   |  |  |
| TO FORM 990-PF, PG 1, LN 18  | 5,813.  | 400.  | 0.                            | 5,413.   |  |  |
| FORM 990-PF  | OTHER E   | XPENSES                                       | Sī                            | ATEMENT 6                                      |  |  |
| DESCRIPTION  | (A)<br>EXPENSES<br>PER BOOKS  | (B)<br>NET INVEST-<br>MENT INCOME             | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES                  |  |  |
| ADMINISTRATIVE EXPENSES NATURAL RESOURCE   | 250.  | 250.  | 0.                            | 0.   |  |  |
| PRESERVATION EXPENSE MISC EXP OFFICE SUPPLIES UTILITIES INSURANCE MAINTENANCE TRAVEL & CONFERENCES ADVERTISING & PROMOTION MEMBERSHIP FEES | 75,272.<br>60.<br>1,378.<br>7,438.<br>14,176.<br>1,892.<br>3,206.<br>250.<br>102. | 7,438.<br>14,176.<br>1,892.<br>3,206.<br>250. | 0.<br>0.<br>0.<br>0.<br>0.    | 75,272<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 |  |  |
| TO FORM 990-PF, PG 1, LN 23  | 104,024.  | 28,752.                                       | 0.                            | 75,272   |  |  |
| FORM 990-PF OTHER DECREASE   | ES IN NET AS  | SETS OR FUND I                                | BALANCES ST                   | PATEMENT                                       |  |  |
| DESCRIPTION  |   |   |                               | AMOUNT   |  |  |
| NON-DEDUCTIBLE EXPENSES (STA   | rement no 9)  |   |                               | 200  |  |  |
| TOTAL TO FORM 990-PF, PART I   | II, LINE 5  |   | <del></del>                   | 200  |  |  |

| FORM 990-PF   | OTHER | INVESTMENTS                         |                                  | STATEMENT                  | 8   |
|---|-------|-------------------------------------|----------------------------------|----------------------------|-----|
| DESCRIPTION   |       | VALUATION<br>METHOD                 | BOOK VALUE                       | FAIR MARKET                | יי  |
| WEST DAUPHIN LIMITED LIABILITY COMPANY  |       | COST                                | 125,391.                         | 125,00                     |     |
| TOTAL TO FORM 990-PF, PART II,  | LINE  | 13                                  | 125,391.                         | 125,00                     | 00. |
| FORM 990-PF   | OT:   | HER ASSETS                          |                                  | STATEMENT                  | 9   |
| DESCRIPTION   |       | BEGINNING OF END OF YEAR POOK VALUE |                                  | FAIR MARKET<br>VALUE       |     |
| NATURAL LAND AREAS HELD FOR<br>CONSERVATION<br>APCO LAKE PROJECT<br>RUPLE HOUSE RENOVATIONS |       | 4,772,181.<br>49,542.<br>36,000.    | 4,772,181.<br>49,542.<br>36,000. | 4,772,18<br>49,54<br>36,00 | 42. |
| TO FORM 990-PF, PART II, LINE 1   | .5    | 4,857,723.                          | 4,857,723.                       | 4,857,7                    | 23. |

| FORM 990-PF PART VIII - LIST<br>TRUSTEES AND                          | T OF OFFICERS, I<br>FOUNDATION MANA | STATEMENT 10 |    |         |
|---|-------------------------------------|--------------|----|---------|
| NAME AND ADDRESS  | TITLE AND<br>AVRG HRS/WK            |              |    | EXPENSE |
| ARTHUR C. TONSMEIRE, III 6 SOUTH SUMMIT STREET FAIRHOPE, AL 36532     | DIRECTOR<br>2.00                    | 0.           | 0. | 0.      |
| FRED T. STIMPSON 15 HILLWOOD DRIVE MOBILE, AL 36608                   | DIRECTOR<br>0.50                    | 0.           | 0. | 0.      |
| WINTHROP M. HALLETT<br>475 PINE CT.<br>MOBILE, AL 36608               | DIRECTOR<br>0.50                    | 0.           | 0. | 0.      |
| DAVID E. MORINE<br>9314 GEORGETOWN PIKE<br>GREAT FALLS, VA 22066      | DIRECTOR<br>0.00                    | 0.           | 0. | 0.      |
| J. WILLIAM GOODLOE III<br>3212 MIDTOWN PARK S.<br>MOBILE, AL 36608    | DIRECTOR<br>0.00                    | 0.           | 0. | 0.      |
| ROSS A. FRAZER<br>104 ST. FRANCIS STREET, STE 800<br>MOBILE, AL 36602 | DIRECTOR<br>0.00                    | 0.           | 0. | 0.      |
| RAY HERNDON, JR<br>449 S. NEW HAMPSHIRE STREET<br>COVINGTON, LA 70433 | DIRECTOR<br>0.00                    | 0.           | 0. | 0.      |
| TOTALS INCLUDED ON 990-PF, PAGE 6                                     | , PART VIII                         | 0.           | 0. | 0.      |

### Form **8868** . (Rev. January 2014)

1.8 4 6.5

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No 1545-1709

| A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete  Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Type or print  COASTAL LAND TRUST, INC.  Number, street, and room or suite no. If a P.O. box, see instructions.  COASTAL SIMMIT STREET. NO. 18   | <ul><li>If you are filing for an Automatic 3-</li></ul> | Month Extension, complete  | e only Pa   | rt I and check this box                        |                |                     |                |
|---|---|--|-------------|--|----------------|---------------------|----------------|
| Electronic fling (e-file). You can electronically file Form 8888 it you need a 3-month automatic extension of time to the fol file of control to required to the Form 990 (P), or an additional (not sutmost collection). When the control is time to this any of the forms listed in Part I or Part II with the exception of Form 9870, information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IIS in paper format filese instructions). For more details on the electronic fling of this form, relative war in govinties and clack on e-file for Chambes & Nonnorides.  Part I only  Automatic 3-Month Extension of Time. Only submit original (no copies needed).  Acorporation required to file Form 950 <sup>-</sup> T and requisiting an automatic 6-month extension - check this box and complete Part I only.  Acorporation required to file Form 950 <sup>-</sup> T and requisiting an automatic 6-month extension - check this box and complete Part I only.  Acorporation required to file Form 950 <sup>-</sup> T and requisiting an automatic 6-month extension - check this box and complete Part I only.  COASTAL LAND TRUST, INC.  COASTAL LAND TRUST, INC.  Social security number (EIN) or print in the print of the Pop Part I only.  COASTAL LAND TRUST, INC.  Social security number (SSN)  COASTAL LAND TRUST, INC.  Social security number (SSN)  Application  COASTAL LAND TRUST, INC.  Social security number (SSN)  COASTAL LAND TRUST, INC.  Social security number (SSN)  Application  FAIRHOPE, AL 36532  Either the Return Code for the return that this application is for (file a separate application for each return)  Application  FAIRHOPE, AL 36532  Either the Return Code for the return that this application is for (file a separate application for each return)  Application  Form 390 or Form 990 EZ  Oil Form 990 Tices 401(a) or 405(a) trust)  Form 390 Tices 401(a) or 405(a) trust)  F |   |  |             |  |                |                     |                |
| required to file Form 990-T), or an additional (not automatic) a month extension of time to tite any of the form site of in Part to Part I with the exception of Form 890 (information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, significant products and circle on a "File for Chambes" & Monarofits.  Part I I Automatic 3-Month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Tart I only  ### Contract Corporation (including 1120-C filera), parinerships, REMICs, and trusts must use Form 7004 to request an extension of time in the incomplete tax returns.    Time of the incomplete tax returns.   |   |  |             |  |                |                     |                |
| to time to file any of the forms listed in Part In Praif II with the exception of Form 8870, Information Return for Transfera Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in pages from the general sent increases. For Part I automatic 3-Month Extension of Time. Only submit original (no copies needed).  Acoproaction required to file from 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  **Well of the corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  **Construct Returns**  **Construct Liand TRUST, INC.**  **Construct Liand Trust Trust Trust file Pic Dox, see instructions.**  **Construct Liand Trust Trust Trust file Pic Dox, see instructions.**  **Construct Liand Trust Trust Trust file Pic Dox, see instructions.**  **Construct Trust Trust Trust Trust file Pic Dox, see instructions.**  **Construct Trust Trust Trust Trust file Pic Dox, see instructions.**  **Construct Trust Trust Trust Trust file Pic Dox, see instructions.**  **Fattrictors**  **Construct Trust Trust Trust Trust file Pic Dox, see instructions.**  **Fattrictors**  **Construct Trust Trust Trust Trust file Pic Dox, see instructions.**  **Fattrictors**  **Construct Trust                                  | - ·   |  |             |  |                |                     |                |
| Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, issue twww.reg.ordible and cike to ne-file for Contracts & Anomorbits.  Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).  Accorporation required to file Form 990-T and requesting an automatic 6-month extension check this box and complete.  Part I only  All other corporations (including 1120-C filera), partnerships, REMICs, and fursts must use Form 7004 to request an extension of time.  Enter filer's identifying number.  Figure or interest in the case of the income tax returns.  COASTAL LAND TRUST, INC.                                   | required to file Form 990-T), or an add                 | rtional (not automatic) 3-mon  | nth extens  | ion of time. You can electronically f          | ile Form 88    | 368 to request a    | in extension   |
| Institution                                       | of time to file any of the forms listed in              | Part I or Part II with the exc   | eption of   | Form 8870, Information Return for <sup>2</sup> | Transfers A    | ssociated With      | Certain        |
| Part I   Automatic 3-Month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990 T and requesting an automatic 6-month extension - check this box and complete Part I only  All other corporations (including 1120-C files), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time  Enter files''s identifying number.  Type or in the compositions (including 1120-C files), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time  Enter files''s identifying number.  Type or in the composition of the file of the result of the file o                                  | Personal Benefit Contracts, which mu                    | ist be sent to the IRS in pape   | er format   | (see instructions). For more details of        | on the elec    | tronic filing of th | his form,      |
| A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMCs, and trusts must use Form 7004 to request an extension of time Enter filer's identifying number    Construction  | visit www.irs.gov/efile and click on e-f                | ile for Chanties & Nonprofits  |             |  |                |                     |                |
| Application   Return   Code for the return that this application is for (file a separate application for each return)   Did   | Part I Automatic 3-Mor                                  | th Extension of Time   | . Only s    | ubmit original (no copies ne                   | eded).         |                     |                |
| All other comporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to the incomer as the refullment of the incomer as the refullment of the incomer as the filers is dentifying number.  Type or print in the present of the properties o                                  | A corporation required to file Form 99                  | 0-T and requesting an autom  | natic 6-mo  | nth extension - check this box and             | complete       |                     |                |
| All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to the incorner tax refurms.  Type or print it is by his case date for the refuse of the property of the                                  | Part I only   |  |             |  |                |                     |                |
| Type or print   Constitution   Const                                  | All other corporations (including 1120                  |  | ICs, and ti | rusts must use Form 7004 to reques             | st an exten    | sion of time        |                |
| COASTAL LAND TRUST, INC.  COASTAL LAND TRUST, INC.  Number, street, and room or suite no. If a P.O. box, see instructions.  6 SOUTH SUMMIT STREET, NO. 18  Social security number (SSN)  6 SOUTH SUMMIT STREET, NO. 18  COASTAL LAND TRUST, INC.  Social security number (SSN)  6 SOUTH SUMMIT STREET, NO. 18  Social security number (SSN)  6 SOUTH SUMMIT STREET, NO. 18  FAIRHOPE, AL 36532  Enter the Return code for the return that this application is for (file a separate application for each return)  O  | to file income tax returns.                             |  |             |  |                |                     | number         |
| COASTAL LAND TRUST, INC.  COASTAL LAND TRUST, INC.  COASTAL LAND TRUST, INC.  Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (SSN)  Social security number security number (SSN)  Social security number security number security number (SSN)  Social security number security number security number security number security number security number security number security number security number security number security number security number security number security number security security number security number security number security number security number security number security number security number security n                                  | Type or Name of exempt organiza                         | ution or other filer, see instruc  | ctions.     |  | Employer       | identification n    | umber (EIN) or |
| COASTAL LAND TRUST. INC.    Social security number (SSN)  |   | ,  |             |  | ' •            |                     |                |
| Number, street, and room or suite no. If a P.O. box, see instructions.  | =   | TRUST, INC.  |             |  |                | 63-0849             | 774            |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions   FATRHOPE, AL 36532  | File by the   |  | e instruc   | tions  | Social sei     |                     |                |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions PAIRHOPE, AL 36532  Enter the Return code for the return that this application is for (file a separate application for each return)  Application Befor Code Sor Form 990-E Form 990-E Form 990-BL  02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-T Form 990-                                   |   |  |             |  | 000.0.         |                     | ,              |
| Enter the Return code for the return that this application is for (file a separate application for each return)    Application   Return   Application   Return   Application   Return   Separate application   Return   Separate   Sepa                                  | Teturi See  |  |             | ress see instructions                          | <u> </u>       |                     |                |
| Application   Return   Application   Return   Application   Return   Sir For   Code   Form 990 or Form                                  | _ ·   |  | noigh dad   | reas, see manacions                            |                |                     |                |
| Return Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Gode   Is For                                   | THERMOLD, III   |  |             |  |                |                     |                |
| Return Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Gode   Is For                                   | Enter the Return code for the return the                | hat this application is for (file  | a senara    | te application for each return)                |                |                     | 0 4            |
| SEFOR  Code SEFOR  Code SEFOR  Code SEFOR  Code SEFOR  Code SEFOR  Code SEFOR  Code SEFOR  Code SEFOR  Code SEFOR  Code SEFOR  Comp 990 or Form 8870 o                                   | Lines the Netam code for the retain to                  | lat this application is for the  | a sopaia    | to application for each retain,                |                |                     | <u> </u>       |
| SEFOR  Code SEFOR  Code SEFOR  Code SEFOR  Code SEFOR  Code SEFOR  Code SEFOR  Code SEFOR  Code SEFOR  Code SEFOR  Code SEFOR  Comp 990 or Form 8870 o                                   | Application   |  | Deturn      | Application                                    |                |                     | Return         |
| Form 990 or Form 990-EZ  O1 Form 990-T (corporation)  O2 Form 1041-A  O8 Form 4720 (individual)  O3 Form 4720 (other than individual)  O3 Form 4720 (other than individual)  O3 Form 5227  O4 Form 5227  O5 Form 6069  O5 Form 6069  O6 Form 8870  O7 Form 990-T (sec 401(a) or 408(a) trust)  O5 Form 6069  O6 Form 8870  O7 Form 990-T (sec 401(a) or 408(a) trust)  O5 Form 6069  O6 Form 8870  O7 Form 990-T (sec 401(a) or 408(a) trust)  O5 Form 6069  O7 Form 990-T (sec 401(a) or 408(a) trust)  O7 Form 990-T (sec 401(a)                                    |   |  |             |  |                |                     |                |
| Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 111 Form 990-T (trust other than above) 06 Form 8870 12  ■ ARTHUR C. TONSMEIR, III  ■ The books are in the care of ▶ 6 SOUTH SUMMIT STREET FAIRHOPE, AL 36532 Telephone No. ▶ (251) 928-1655 Fax No. ▶  |   |  |             |  | <del></del>    |                     |                |
| Form 4720 (individual)  O3 Form 4720 (other than individual)  O9 Form 990-PF  O4 Form 5227  D5 Form 6069  D6 Form 6069  D7 Form 990-T (trust other than above)  O5 Form 6069  ARTHUR C. TONSMEIRE, III  Telephone No. ► (251) 928-1655  Fax No. ►  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for part of the group, check this box  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2015  Is fit the organization's return for:  ► X calendar year 2014 or  ► and ending  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  O a Balance due, Subtract time 3b from line 3a. Include your payment with this form, if required, by using EFIPS (Electronic Federal Tax Payment System). See instructions.  EVAN For Privacy Act and Paperwork Reduction Act Notice, see instructions.  |   |  |             |  |                |                     |                |
| Form 990-PF   |   |  |             |  |                |                     |                |
| Form 990-T (sec 401(a) or 408(a) trust)  O5 Form 6069  112  ARTHUR C. TONSMETRE, III  The books are in the care of ▶ 6 SOUTH SUMMIT STREET - FAIRHOPE, AL 36532  Telephone No. ▶ (251) 928-1655  Fax No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If this is for a Group Return, enter the organization's return for.  AUGUST 15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  If the tax year entered in line 1 is for less than 12 months, check reason indicated in a group in accounting period  If the tax year entered in line 1 is for less than 12 months, check reason indicated in a group in accounting period  If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  Balance due. Subtract line 30 from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment unstructions.  EHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.   |   |  |             |  |                |                     |                |
| ARTHUR C. TONSMEIRE, III  The books are in the care of ▶ 6 SOUTH SUMMIT STREET - FAIRHOPE, AL 36532  Telephone No. ▶ (251) 928-1655  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for.  If request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2015  It folie the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶ X calendar year 2014 or  ▶ and ending  2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period  3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$ 0.  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.  5b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment unstructions.  CHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.  |   |  |             |  |                | <del></del>         |                |
| ARTHUR C. TONSMETRE, III  The books are in the care of ▶ 6 SOUTH SUMMIT STREET - FAIRHOPE, AL 36532  Telephone No. ▶ (251) 928-1655  Fax No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for part of the group, check this box  If this is for part of the group, check this box  And attach a list with the names and EINs of all members the extension is for.  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2015  It file the exempt organization return for the organization named above. The extension is for the organization's return for:  X calendar year 2014 or  X calendar year 2015  If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions  Caution. If you are going to make an electronic funds withdrawal (direct debrt) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.  LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.  |   | i)   |             |  |                |                     |                |
| The books are in the care of ▶ 6 SOUTH SUMMIT STREET - FAIRHOPE, AL 36532  Telephone No.▶ (251) 928-1655 Fax No.▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for.  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2015 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶ X calendar year 2014 or  ▶ and ending  If the tax year entered in line 1 is for less than 12 months, check reason in Initial return in Final return in Change in accounting period  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit.  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions  Caution. If you are going to make an electronic funds withdrawal (direct debrt) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment unstructions.  LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.   |   | DESCRIPTION OF THE PROPERTY OF |             |  |                |                     |                |
| Telephone No. ► (251) 928-1655  Fax No. ►  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box  If this is for part of the group, check this box  If this is for part of the group, check this box  If this is for part of the group, check this box  If this is for the organization for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2015  It is for the organization's return for:  X calendar year 2014 or  It is application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  Balance due, Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System), See instructions  Etha For Privacy Act and Paperwork Reduction Act Notice, see instructions.  Form 8868 (Rev 1-2014)  |   |  |             | ='   | 26522          |                     |                |
| If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If it is for part of the group, check this box  If this is for part of the group, check this box  If this is for part of the group, check this box  If this is for the whole group, check this box  If this is for the whole group, check this box  If this is for the whole group, check this box  If the names and EINs of all members the extension is for.  If this application's return for:  If the extension of time until  AUGUST 15, 2015 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  If the organization's return for:  If the extension of time until  AUGUST 15, 2015 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  If the extension is for the organization's return for:  If this application is for less than 12 months, check reason in the organization named above. The extension is for the organization in the organization return for the organization named above. The extension is for the organization in the organi                                       | <del></del>   |  | SIRE        |  | 30332          |                     |                |
| If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)   |   |  |             |  |                |                     |                |
| box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and ElNs of all members the extension is for.  1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2015 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶ X calendar year 2014 or  ▶ Lax year beginning , and ending  2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return  Change in accounting period  3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit 3b \$ 0  c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.  LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.   | <del>-</del>  |  |             |  |                |                     |                |
| 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2015 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  X calendar year 2014 or  1 tax year beginning , and ending , and ending  2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return  Change in accounting period  3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit  c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.  LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2014)   |   | · ·  | 1           |  |                |                     |                |
| AUGUST 15, 2015 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:    X   calendar year 2014   or   |   | •  |             |  |                | ers the extension   | on is for.     |
| is for the organization's return for:    X   calendar year 2014   or  | •   | •  | •           | · ·  |                | <b>-</b>            |                |
| X   Calendar year 2014 or   Tax year beginning                                       | · · · · · · · · · · · · · · · · · · ·                   |  | t organiza  | tion return for the organization nam           | ed above.      | The extension       |                |
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| Change in accounting period  3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$ 0.  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.  3b \$ 0.  c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions  3c \$ 0.  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.  LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.  Form 8868 (Rev 1-2014)   | tax year beginning                                      |  | , an        | d ending                                       | <del></del>    | <u> </u>            |                |
| Change in accounting period  3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$ 0.  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.  3b \$ 0.  c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions  3c \$ 0.  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.  LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.  Form 8868 (Rev 1-2014)   |   |  |             |  |                |                     |                |
| If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  By this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.  LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.  Form 8868 (Rev. 1-2014)  |   |  | heck reas   | on' [] Initial return []                       | Final retur    | n                   |                |
| nonrefundable credits. See instructions.  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.  LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.  Form 8868 (Rev. 1-2014)   |   |  |             |  | <del> </del>   | <del></del>         |                |
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| by using EFTPS (Electronic Federal Tax Payment System). See instructions  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.  LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.  Form 8868 (Rev. 1-2014)  | estimated tax payments made                             | Include any prior year overp   | ayment a    | llowed as a credit.                            | 3b             | \$                  | <u> </u>       |
| Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.  LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.  Form 8868 (Rev. 1-2014)  | c Balance due. Subtract line 3b                         | from line 3a. Include your pa  | yment wit   | h this form, if required,                      |                |                     | _              |
| Instructions.  LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.  Form 8868 (Rev. 1-2014)   |   |  |             |  |                | \$                  |                |
| LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.  Form 8868 (Rev. 1-2014) 423841 05-01-14  |   | electronic funds withdrawal  | (direct de  | bit) with this Form 8868, see Form 8           | 8453-EO ai<br> | nd Form 8879-E      | O for payment  |
|   | LHA For Privacy Act and Paperw                          | ork Reduction Act Notice,  | see instr   | uctions.                                       |                | Form <b>886</b>     | 8 (Rev 1-2014) |