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Form **990** Department of the Treasury

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

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

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

OMB No 1545-0047 2014 Open to Public

	nal Revenue Serviçe	P Internation about 1 of the coo data its mistractions is at www in			Inspection
<u>A</u> _	For the 2014 c	alendar year, or tax year beginning $04/01/14$ , and ending $03/31/14$	15		
	Check if applicable	C Name of organization		D Employer	identification number
	Address change	WOOD RIVER LAND TRUST CO.			
$\overline{\sqcap}$	Name change	Doing business as			174191
$\equiv$	-	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone	
	Initial return	119 E. BULLION ST	L	ZU8-	788-3947
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amended return	HAILEY ID 83333		G Gross recei	pts \$ 16,278,332
		F Name and address of principal officer	H(a) Is this a grou	n return for cul	oordinates? Yes X No
Ш	Application pending	DAVID ANDERSON	ri(a) is this a grou	p return for sur	
		C/O 119 E. BULLION ST	H(b) Are all subo	rdinates inclu	ded? Yes No
		HAILEY ID 83333	If "No," a	attach a list (s	see instructions)
1_	Tax-exempt status	<b>X</b> 501(c)(3) 501(c) ( ) <b>◄</b> (insert no ) 4947(a)(1) or 527			
J	Website > W	WW.WOODRIVERLANDTRUST.ORG	H(c) Group exem	ption number	<u> </u>
ĸ	Form of organization	X Corporation Trust Association Other ► L	Year of formation 19	994	M State of legal domicile ID
P		ımmary			
<u> </u>		escribe the organization's mission or most significant activities			
EU W II 2019	1	SCHEDIULE O	<del></del>		
alc ⊬		RECE	IVED		
eraa			1		
ة ر	2 Chook th	is how by the argenization discontinued to according as discontinued to	(ဦ% <b>)၍</b> ကြီး nei အြန	ata .	
2 2 3 3 3 3 3	2 Check in	is box ▶ ☐ if the organization discontinued its operations or disposed of movie that 4			14
<b>→</b> ∞		of voting members of the governing body (Part VI, line 1a)	RS	3	14
tNt−t 1 Activities	1	of independent voting members of the governing body (Part VI, line b) OGDE	NUT	4	10
Ť ₹	ł	mbel of individuals employed in calcular year 2014 (Falt V, Inic 2a)	. 1, 0 .	5	
E &		nber of volunteers (estimate if necessary)		6	
i i	7a Total unr	elated business revenue from Part VIII, column (C), line 12		7a	0
Activitie	b Net unre	lated business taxable income from Form 990-T, line 34	I B. V.	7b	0
,			Prior Year 1,056		Current Year 14,416,676
e		tions and grants (Part VIII, line 1h)	1,056	, 933	14,410,070
Revenue	_	service revenue (Part VIII, line 2g)	1.05	201	200 100
Š		ent income (Part VIII, column (A), lines 3, 4, and 7d)		,281	308,188
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,463	20,280
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,239	,679	14,745,144
	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)			0
	14 Benefits	paid to or for members (Part IX, column (A), line 4)			0
S	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	519	,558	514,748
penses	16a Profession	onal fundraising fees (Part IX, column (A), line 11e)			0
ğ	<b>b</b> Total fun	draising expenses (Part IX, column (D), line 25) ▶ 289,747			
Ä	17 Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	729	, 683	1,085,432
	18 Total exp	penses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,249	,241	1,600,180
	19 Revenue	less expenses Subtract line 18 from line 12	-9	,562	13,144,964
Net Assets or Fund Balances			Beginning of Curr		End of Year
sets	20 Total ass	sets (Part X, line 16)	9,857		23,795,896
t As	21 Total liab	ollities (Part X, line 26)		,483	1,182,310
ĘĘ	22 Net asse	ts or fund balances Subtract line 21 from line 20	9,709	,005	22,613,586
		gnature Block			
U	nder penalties of	perjury, I peclare that I have examined this return, including accompanying schedules and statem	nents, and to the be	st of my kno	owledge and belief, it is
		omplete Declaration of preparer (other than officer) is based on all information of which preparer			
		Van All Belon		111	14/15
Sig	ın 📗 🥫	Signature of officer		Date	
He		DAVID H. ANDERSON OBOARD	CHAIR		
• • • •		Type or print name and title			<del> </del>
	<del></del>		Date	Check	If PTIN
	1		U	15 self-emp	LJ"
Paid	d		1 +0/30/	- J 30/1-6111	,
Paid Pre	Daror Elitar	DEGUED GUILDED C CO		Piki K	
Pre	parer Firm's na	BECKER, CHAMBERS & CO., P.A.	Fil	rm's EIN	
Pre	parer Firm's na	BECKER, CHAMBERS & CO., P.A.  PO BOX 909  HATLEY ID 93333 0000			200_700_0505
Pre Use	parer Firm's na	PO BOX 909 HAILEY, ID 83333-0909		rm's EIN	208-788-9595
Pre Use May	parer Firm's na	BECKER, CHAMBERS & CO., P.A.  PO BOX 909  HATLEY ID 93333 0000			208-788-9595 Yes No Form 990 (2014)

orm 990 (2014) WOOD RIVER LA	ND TRUST CO.	82-0474191	Page 2
	Service Accomplishments		[X]
1 Briefly describe the organization's missi	ntains a response or note to	any line in this Part III	
SEE SCHEDULE O			
Did the organization undertake any sign	ificant program services during the	e year which were not listed on the	
prior Form 990 or 990-EZ?		•	Yes X No
If "Yes," describe these new services or 3 Did the organization cease conducting,		wit conducts, any program	
services?	or make significant changes in nov	vit conducts, any program	Yes X No
If "Yes," describe these changes on Sch			
-	(4) organizations are required to re	its three largest program services, as measured by sport the amount of grants and allocations to others,	
4a (Code ) (Expenses \$ LAND ACQUISITION/PROT ACHIEVEMENTS INFORMAT			)
4b (Code ) (Expenses \$ RIVER HEALTH AND REST ACHIEVEMENTS INFORMAT		nts of \$ ) (Revenue \$ SEE ATTACHED PROGRAM	,
4c (Code ) (Expenses \$ LAND STEWARDSHIP - PI	153,422 including grains		
ACHIEVEMENTS INFORMAT			
(Expenses \$	including grants of \$	) (Revenue \$	)
4e Total program service expenses ▶	1,107,140		Form <b>990</b> (2014
AA .			Form <b>33U</b> (2014

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	4	x	
2	complete Schedule A	2	X	
3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		^	
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part 1	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		-	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	x	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	Ť		
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
. •	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X as applicable			
а		1		
_	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е		11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a				
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

## Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			<b>.</b>
240	employees? If "Yes," complete Schedule J	_23_		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
Ū	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	-		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			₹.
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200	x	
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
50	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ļ <u>.</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			<u></u>
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
20	Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	v	
	19? Note All Form 990 filers are required to complete Schedule O	38	<u> </u>	

DAA

ra	Check if Schedule O contains a response or note to any line in this f	Part \/				
	Check it ochequie o contains a response of flote to any lifte ill this r	ait v			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	20		163	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors					
·	reportable gaming (gambling) winnings to prize winners?	u		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	10			
b	If at least one is reported on line 2a, did the organization file all required federal employment to			2b	X	
	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see insti					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year'			3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sch			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature of		ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or o		-			
	account)?			4a		<u> </u>
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Final	ancial Accour	nts			
	(FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax y	year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	transaction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, an	d did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such cor	ntributions or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and part	rtly for goods				
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for whi	ich it was				
	required to file Form 8282?		1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be	enefit contrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benef	fit contract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization	n file Form 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the o			7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund ma	aintained by tl	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		ļ
9	Sponsoring organizations maintaining donor advised funds					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<del> </del>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person	on?		9b		<del> </del>
10	Section 501(c)(7) organizations. Enter	1	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	1	1			
а	Gross income from members or shareholders	<u>11a</u>				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them )	_11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	I		12a	_	<del> </del>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-	<del> </del>	<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	-	<del> </del>
_	Note. See the instructions for additional information the organization must report on Schedule	O				
b	Enter the amount of reserves the organization is required to maintain by the states in which	١	1			
	the organization is licensed to issue qualified health plans	13b	-			
C	Enter the amount of reserves on hand	13c	<u> </u>	44-		x
14a	Did the organization receive any payments for indoor tanning services during the tax year?	\_b_d\		14a 14b		+^-
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S	cnedule O		1 140	1	L

Form 990 (2014) WOOD RIVER LAND TRUST CO. 82-0474191 Page 6 Part VI • Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 14 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 14 1b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code ) Yes Nο 10a X 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure ID, CA, NY 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records CYDNEY PEARCE 119 EAST BULLION ST.

208-788-3947

ID 83333

HAILEY

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

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

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

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

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

(A) Name and Title	(B) Average hours per week			Pos check		than one		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any					r/trustee		the	organizations	compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)ED CUTTER								_		
	5.00									
SECRETARY	0.00	X		X				0	0	0
(2) JACK KUENEMAN				ļ						
	4.00									
DIRECTOR	0.00	X		<u> </u>				0	0	0
(3) REBECCA PATTON				}						
	3.00	1								_
DIRECTOR	0.00	X	-	<u> </u>				0	0	0
(4) STEVE STRANDBERG		1		l						
D.T.D.T.G.T.G.T.	0.50									^
DIRECTOR CERTIFICANT	0.00	X			<u> </u>			0	0	0
(5) MEGAN STEVENSON	0 50									
DIRECTOR	0.50								0	0
DIRECTOR (6) WOLF RIEHLE	0.00	X		-	-			0	0	0
(6) WOHE RIENIE	1.00	1		İ						
DIRECTOR	0.00	x						o	0	0
(7) DAVE ANDERSON	0.00	A	-							
(i) Dill I I I I I I I I I I I I I I I I I I	5.00			Ì						
PRESIDENT	0.00	x		x				0	0	0
(8) TRENT JONES			<u> </u>	<u> </u>						<u> </u>
	3.00				<b> </b>		ļ			
DIRECTOR	0.00	x		1			ļ	0	0	0
(9) JOHN FRENCH										
	5.00									
TREASURER	0.00	X		X				0	0	0
(10)RICK DAVIS				ļ				·		
	0.50									
DIRECTOR	0.00	X		<u> </u>	<u> </u>			0	0	0
(11)RICHARD CARR	_									
	5.00									
VICE PRESIDENT	0.00	X		X	<u>L</u>			0	0	O Form <b>990</b> (2014)

Part VII Section A. Officers	s, Directors, Tr	ustee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
. (A)	(B)				C)			(D)	(E)		(F)		
Name and title	Average hours per	1 (	lo not		sition more	than c	ne	Reportable compensation	Reportable compensation from		Estima amoun		
•	week	bo	x, unl	ess pe	erson	s both	an	from	related		othe		
	(list any hours for	1.			lirecto	r/trust	ee)	the organization	organizations (W-2/1099-MISC)	_ c	ompens from t		
	related	요합	Inst	Officer	<b>₹</b>	鷾	Former	(W-2/1099-MISC)	(44-2/1099-14112C)		organiza		
	organizations below dotted	le de	l ĝ	ĕ	emp	lest o	ner			1	and rela		
	line)	유	nalt		Key employee	eomp				,	organiza	tions	
		or director	Institutional trustee		0	Highest compensated employee							
(12) KATHY LEVISON		┼─	-			<u>¤</u>							
	1.00												
DIRECTOR	0.00	X	ļ	ļ	-	_		0	0				0
(13) DAN SMITH	0.50												
DIRECTOR	0.00	x				İ	}	0	o				0
(14)DAVE WOODWARD										1			
	1.00												
DIRECTOR (15) SCOTT BOETTGER	0.00	X	<u> </u>					0	0	<del>                                     </del>		-	0
(15) SCOIL BOEILGER	40.00												
EXEC. DIRECT	0.00					х		107,971	o			8,	697
(16)													
(17)			<b> </b>		-				-	<del> </del>			
(17)													
(18)													
(19)								<u>-</u> .		<del> </del>			
(10)													
1b Sub-total	=						<b>&gt;</b>	107,971		ļ		8,	<u>697</u>
c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII,	Sect	on A	4				107,971		<del> </del>		0	697
2 Total number of individuals (in	cluding but not	limite	d to	thos	e lis	ted a	bove		\$100.000 of	1		0,	<u> </u>
reportable compensation from					_			<u>,                                     </u>				V 1	NI-
3 Did the organization list any fo	ormer officer, du	ecto	r or	truste	ee k	ev e	mple	ovee or highest compensa	ted	Г	$\rightarrow$	Yes	No
employee on line 1a? If "Yes,"	complete Sche	dule	J for	such	h ind	lividu	al				3		X
4 For any individual listed on line organization and related organ													:
ındıvıdual							•	·		L	4		X
5 Did any person listed on line 1 for services rendered to the or									individual	İ	5		x
Section B. Independent Contractor		<del>C</del> 3,	COIII	picto	. 00	iedu	IC 3	ioi sucii person					
1 Complete this table for your five	ve highest comp	ensa	ted ı	ndep	end	ent c	ontr	actors that received more t	than \$100,000 of			_	
compensation from the organi	zation Report c (A) business address	ompe	ensa	tion f	for th	ne ca	lend [			<u>∍ar</u>		(C)	
Name and	bùsíness address						_	Descript	(B) tion of services		Cor	(C) npensat	ion
			-					·					
										i			
													<del></del>
2 Total number of independent of	contractors (incli	ıdına	hut	not !	ım ıtı	ad to	ther	se listed abovo) who	<del></del>	-	<del></del>		
received more than \$100,000								oc nated above; will	0				
DAA							_				Forn	990	(2014)

Pa	ır.( V			taıns a	response o	or note to any line	in this Part VIII		
_		· · · · · · · · · · · · · · · · · · ·				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
Program Service Revenue   Contributions, Gifts, Grants   and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines		13,	40,781 348,042 027,853 804,585		revenue		312-314
<u>a c</u>	<u>h</u>	Total. Add lines 1a-1f			Busn Code	14,416,676	,	<u></u>	
rogram Service Reveni	2a b c d e f	All other program service re	venue						
	<u>g</u> 3	Total. Add lines 2a–2f Investment income (including	na divider	ids intere	<u> </u>				
	4 5	and other similar amounts) Income from investment of Royalties			•	92,506			92,506
	6a b c	Gross rents Less rental exps Rental inc or (loss)		(n) E	Personal				
	d 7a b	Less cost or other	8,870 3,188	(11)	) Other				
			5,682			0.100			015 600
Other Revenue	8a b	Net gain or (loss) Gross income from fundraising of (not including \$ of contributions reported on line See Part IV, line 18 Less direct expenses Net income or (loss) from fu	1c) <b>a</b> b	events	<b>•</b>	215,682			215,682
		Gross income from gaming activ	1						
		See Part IV, line 19 Less direct expenses Net income or (loss) from g	a b	tuutiee					
	10a b	Gross sales of inventory, le returns and allowances Less cost of goods sold Net income or (loss) from s	ss a b						
		Miscellaneous Reven			Busn Code				
	11a b	STAFF HOUSING				20,280			20,280
	C	Allathages							<del> </del>
	d e	All other revenue  Total Add lines 11a-11d				20,280			
	12	Total revenue. See instruc	tions		•	14,745,144	0	0	328,468

### Part IX 'Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com		r organizations must come	Nate column (A)	
Sect	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			nete column (A)	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		CAPONIOUS	gonorar expenses	
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	407 007	100 513	61 300	156 004
7	Other salaries and wages	407,987	190,513	61,380	156,094
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	72 120	36 460	13,497	23 172
9	Other employee benefits	73,129 33,632	36,460 15,705	5,060	23,172
10	Payroll taxes	33,632	15,705	3,000	12,007
11	Fees for services (non-employees)  Management				
a b	Legal	10,452	6,687	3,765	
c	Accounting	20,211	0,007	20,211	
d	Lobbying	20,211			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
ŭ	(A) amount, list line 11g expenses on Schedule ()	24,615	24,615		
12	Advertising and promotion	,	1		
13	Office expenses	18,545	1,579	7,193	9,773
14	Information technology	7,773	4,564	2,637	572
15	Royalties				
16	Occupancy	16,908	774	16,105	29
17	Travel	4,523	4,138	217	168
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,989	15,288	5,491	210
20	Interest				
21	Payments to affiliates			45 500	06 571
22	Depreciation, depletion, and amortization	111,737	39,577	45,589	26,571
23	Insurance	27,446	9,760	17,686	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O )	630,000	630,000		
a	CONSERVATION EASEMENT		77,538		
b	PROJECT DEVELOPMENT OUTREACH & DEVELOPMENT	77,538 43,239	6,514	1,566	35,159
c d	STEWARDSHIP	41,160	41,160		33,133
-	All other expenses	30,296	2,268	2,896	25,132
25	Total functional expenses. Add lines 1 through 24e	1,600,180	1,107,140	203,293	289,747
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	2/000/200	2/20//220		
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				
DAA					5 990 (2014)

Part X 'Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest bearing 1,825,870 2,698,644 2 2 Savings and temporary cash investments 47,776 6,250 Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 3,375 3,993 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 20,442,604 other basis Complete Part VI of Schedule D 10a 20,086,019 356,585 5,242,361 10b 10c b Less accumulated depreciation 1,832,238 1,781,858 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 125,000 15 15 Other assets See Part IV, line 11 9,857,488 23,795,896 16 16 Total assets Add lines 1 through 15 (must equal line 34) 108,483 54,480 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 1,127,830 40,000 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 1,182,310 148,483 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 8,221,864 27 21,451,253 27 Unrestricted net assets 1,487,141 1,162,333 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 9,709,005 9,857,488 22,613,586 33 Total net assets or fund balances 23,795,896 Total liabilities and net assets/fund balances

Form 990 (2014)

Form 990 (20	14) WOOD RIVER LAND TRUST CO.	82-0474191			Pag	ge <b>12</b>	
Part XI	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any lir	ne in this Part XI					
1 Total re	venue (must equal Part VIII, column (A), line 12)		1	14,7			
2 Total ex	penses (must equal Part IX, column (A), line 25)		2	1,6			
3 Revenu	e less expenses Subtract line 2 from line 1		3	13,1	44,	964	
4 Net ass	ets or fund balances at beginning of year (must equal Part X, line 33	, column (A))	4		9,709,005		
5 Net unr	ealized gains (losses) on investments		5_		76,0	028	
6 Donate	services and use of facilities		6				
7 Investm	ent expenses		7				
8 Prior pe	riod adjustments		8_				
9 Other c	nanges in net assets or fund balances (explain in Schedule O)		_ 9		6 <b>4</b> ,:	<u>355</u>	
10 Net ass	ets or fund balances at end of year Combine lines 3 through 9 (mus	t equal Part X, line					
33, colu	mn (B))		10	22,6	13,	<u> 586</u>	
Part XII	Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any lir	ne in this Part XII					
					Yes	No	
1 Accoun	ing method used to prepare the Form 990 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	crual Other					
If the or	ganization changed its method of accounting from a prior year or che	ecked "Other," explain in					
Schedu	e O						
2a Were th	e organization's financial statements compiled or reviewed by an ind	lependent accountant?		2a_		X	
If "Yes,	check a box below to indicate whether the financial statements for t	he year were compiled or					
reviewe	d on a separate basis, consolidated basis, or both						
Sep	arate basis Consolidated basis Both consolidated a	and separate basis					
b Were th	e organization's financial statements audited by an independent acc	ountant?		2b	X		
If "Yes,"	check a box below to indicate whether the financial statements for t	he year were audited on a					
separat	e basis, consolidated basis, or both						
<b>X</b> Sep	arate basis Consolidated basis Both consolidated a	and separate basis					
c If "Yes"	to line 2a or 2b, does the organization have a committee that assum	es responsibility for oversight					
of the a	audit, review, or compilation of its financial statements and selection	of an independent accountant?		2c	X		
If the or	ganization changed either its oversight process or selection process	during the tax year, explain in					
Schedu	le O						
3a Asare:	sult of a federal award, was the organization required to undergo an a	audit or audits as set forth in					
the Sing	le Audit Act and OMB Circular A-133?			3a	X		
b If "Yes,"	did the organization undergo the required audit or audits? If the organization	anization did not undergo the					
required	audit or audits, explain why in Schedule O and describe any steps t	aken to undergo such audits		3b	X		
				For	m <b>990</b>	(2014)	

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

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WOOD RIVER LAND TRUST CO

Employer identification number

		MOOD KIVEK I	MID INUSI CO.		_	02-047	41 JT
Part	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part ) See instruction	ns
The orga	anization is not	a private foundation because	e it is (For lines 1 through 11, c	heck only	one box	)	
1	A church, co	nvention of churches, or ass	ociation of churches described i	n sectior	170(b)(1	1)(A)(i)	
2	A school des	cribed in section 170(b)(1)(	A)(II). (Attach Schedule E)				
3	A hospital or	a cooperative hospital service	ce organization described in sec	tion 170	(b)(1)(A)(	iii).	
4	A medical re	search organization operated	d in conjunction with a hospital d	described	ın sectio	n 170(b)(1)(A)(iii). Enter the h	ospital's name,
	city, and stat	е					
5	An organizat	ion operated for the benefit of	of a college or university owned	or operate	ed by a g	overnmental unit described in	
	section 170(	(b)(1)(A)(ıv). (Complete Part	II)				
6	A federal, sta	ate, or local government or g	overnmental unit described in se	ection 17	0(b)(1)(A	.)(v).	
7 X	An organizat	ion that normally receives a	substantial part of its support fro	m a gove	ernmental	unit or from the general public	;
	described in	section 170(b)(1)(A)(vi). (C	omplete Part II)				
8	A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	II )			
9	An organizat	ion that normally receives (1	l) more than 33 1/3% of its supp	ort from	contributi	ons, membership fees, and gro	oss
	receipts from	activities related to its exem	pt functions—subject to certain	exceptio	ns, and (2	2) no more than 33 1/3% of its	
	support from	gross investment income ar	nd unrelated business taxable in	come (les	s section	1 511 tax) from businesses	
	acquired by t	he organization after June 3	0, 1975 See section 509(a)(2)	(Comple	te Part III	)	
10	An organizat	ion organized and operated o	exclusively to test for public safe	ety See s	ection 50	09(a)(4).	
11	An organizati	ion organized and operated o	exclusively for the benefit of, to p	perform th	ne functio	ns of, or to carry out the purpo	ses of
	one or more	publicly supported organizate	ions described in section 509(a	)(1) or se	ction 509	9(a)(2). See section 509(a)(3).	Check
	the box in line	es 11a through 11d that des	cribes the type of supporting org	janization	and com	plete lines 11e, 11f, and 11g	
а	Type I. A sur	oporting organization operate	ed, supervised, or controlled by i	its suppoi	ted orgar	nization(s), typically by giving	
	the supported	d organization(s) the power t	o regularly appoint or elect a ma	ajority of t	he directo	ors or trustees of the supporting	g
	organization	You must complete Part I	V, Sections A and B.				
b 📗	Type II. A su	pporting organization superv	rised or controlled in connection	with its s	upported	organization(s), by having	
	control or ma	inagement of the supporting	organization vested in the same	e persons	that conf	rol or manage the supported	
	organization(	s) You must complete Par	t IV, Sections A and C.				
С	Type III fund	tionally integrated. A supp	orting organization operated in o	connectio	n with, an	d functionally integrated with,	
	its supported	organization(s) (see instruct	tions) You must complete Par	t IV, Sec	tions A, I	D, and E.	
d 🗌	Type III non-	-functionally integrated. A	supporting organization operate	d in conn	ection wit	h its supported organization(s)	
	that is not fur	nctionally integrated. The org	janization generally must satisfy	a distribi	ution requ	irement and an attentiveness	
	requirement	(see instructions) You must	t complete Part IV, Sections A	and D, a	nd Part \	<b>V</b> .	
е 🗌	Check this be	ox if the organization receive	d a written determination from tl	he IRS th	at it is a 1	Type I, Type II, Type III	
	functionally in	ntegrated, or Type III non-fur	nctionally integrated supporting of	organizati	on		
f En	nter the number	r of supported organizations					
g Pr	ovide the follow	ving information about the su	ipported organization(s)				
	me of supported	(II) EIN	(III) Type of organization	(IV) Is the c		(v) Amount of monetary	(vi) Amount of
OI	rganization		(described on lines 1–9 above or IRC section	listed in you	ir governing ment?	support (see instructions)	other support (see instructions)
			(see instructions))			mat detions)	instructions)
				Yes	No		
(A)							
		_					
(B)							
							<del></del>
(C)							
(D)							
(E)				_			
				<del> </del>		<del></del>	
Total							

82-0474191

Page 2

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,991,432	1,747,894	1,287,846	1,056,935	3,224,131	9,308,238
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,991,432	1,747,894	1,287,846	1,056,935	3,224,131	9,308,238
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,979,569
6	Public support. Subtract line 5 from line 4						7,328,669
Sec	tion B. Total Support						
Cale	dar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1,991,432	1,747,894	1,287,846	1,056,935	3,224,131	9,308,238
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,937	49,723	72,648	60,877	92,506	302,691
9	Net income from unrelated business activities, whether or not the business is regularly carried on		990				990
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				17,463	20,280	37,743
11	Total support. Add lines 7 through 10		1				9,649,662
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, fou	rth, or fifth tax yea	r as a section 501	(c)(3)	
	organization, check this box and stop her				V		
	tion C. Computation of Public Su		<del>. v</del>	<u></u>		<del></del>	
14	Public support percentage for 2014 (line 6	• • • • • • • • • • • • • • • • • • • •	•	n (f))		14	75.95%
15	Public support percentage from 2013 Scho					15	70.47%
16a	33 1/3% support test—2014. If the organ				3 1/3% or more, cl	heck this	<b>⊾</b> ਓ
	box and stop here. The organization quali	• •			5 00 4/00/		<b>▶ X</b>
b	33 1/3% support test—2013. If the organ				5 IS 33 1/3% OF MC	ore,	▶ □
170	check this box and stop here. The organization	•		-	a ar 16h and lina	14 15	
17a	10%-facts-and-circumstances test—201 10% or more, and if the organization meet Part VI how the organization meets the "fa organization	s the "facts-and-cire	cumstances" test,	check this box and	d stop here. Expla	nin in	▶ □
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization Explain in Part VI how the organization me	meets the "facts-ar	nd-circumstances"	test, check this bo	ox and stop here.		<i>-</i> L
18	supported organization  Private foundation. If the organization did instructions			-			<b>▶</b> □

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Page 3

### 'Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II

Sec	tion A. Public Support	quality under ti	ie tests listed t	below, please o	omplete i art ii		<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	_					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support	<u> </u>	I	·	<u> </u>	<u> </u>	
	ndar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b			·			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop her		<del></del>				
	tion C. Computation of Public Su					145	
15	Public support percentage for 2014 (line 8		•	nn (f))		15	<u>%</u> %
16 Sec	Public support percentage from 2013 Schittion D. Computation of Investme					16	
17	Investment income percentage for 2014 (I			3. column (f)		17	%
17 18	Investment income percentage for 2014 (investment income percentage from 2013			5, Column (1 <i>))</i>		18	%
19a	33 1/3% support tests—2014. If the orga			e 14, and line 15 is	s more than 33 1/3	<u> </u>	
	17 is not more than 33 1/3%, check this b						▶ □
b	33 1/3% support tests—2013. If the orga		-				
	line 18 is not more than 33 1/3%, check th						▶ [
20	Private foundation If the organization di	d not check a box	on line 14, 19a, or	19b, check this bo	ox and see instruc	tions	<b>•</b>

#### Part IV 'Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A. D. and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

	Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and comp	lete Part V	)	
	ion A. All Supporting Organizations		<del></del>	ı
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		1	
	class or purpose, describe the designation. If historic and continuing relationship, explain	1_1_		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			1
_	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		1	1
	(b) and (c) below	3a_		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	25	•	1
_	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	3c	•	1
4a	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	30		
40	Was any supported organization not organized in the United States ("foreign supported organization")? If	4a	1 '	1
b	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below  Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	_ <del>-4a</del> _		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b	i '	1
С	Did the organization support any foreign supported organization that does not have an IRS determination	70		
C	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c	]	1
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		ļ
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	}		ļ
	If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	<u> </u>	ļ
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		-
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit		1	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI	<u>9c</u>		<u> </u>
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	1	1	1
	organizations)? If "Yes." answer (b) below	10a	1	1

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings )

Da	_	_	_
Pа	а	е	- 5

Pai	t IV · Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
_	ion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		_
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		:	
Secti	supported organizations played in this regard on E. Type III Functionally-Integrated Supporting Organizations	3_		
1				
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)  The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction)	(eno		
•	The organization supported a governmental entity (see instruction)	0110)		
2 /	Activities Test Answer (a) and (b) below.	[	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting		82-04/5	Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting  Check here if the organization satisfied the Integral Part Test as a qualifying trust			<del></del>
other Type III non-functionally integrated supporting organizations must complet			ı
Section A - Adjusted Net Income	e continue / une	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	_	
Section B - Minimum Asset Amount	"	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	<u></u>	
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7	·	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	· · · · · · · · · · · · · · · · · · ·	
7 Check here if the current year is the organization's first as a non-functionally-inte	egrated Type III s	upporting organization (	see
instructions)	-		

Schedule A (Form 990 or 990-EZ) 2014

Part V 'Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	ion D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exempt purpos							
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations						
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI) See instructions							
7	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which the organiza	ition is responsive						
	(provide details in Part VI) See instructions							
9	Distributable amount for 2014 from Section C, line 6		<u> </u>					
10	Line 8 amount divided by Line 9 amount							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014				
1_	Distributable amount for 2014 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2014							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2014							
a								
<u>b</u>								
<u> </u>								
d								
е	From 2013							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				
h	Applied to 2014 distributable amount							
<u>i</u>	Carryover from 2009 not applied (see instructions)							
	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2014 from Section							
	D, line 7 \$		, ,					
	Applied to underdistributions of prior years							
	Applied to 2014 distributable amount							
	Remainder Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2014, if							
	any Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions)							
6	Remaining underdistributions for 2014 Subtract lines 3h							
	and 4b from line 1 (if amount greater than zero, see							
	instructions)							
7	Excess distributions carryover to 2015. Add lines 3j and 4c							
8	Breakdown of line 7							
а								
b								
С								
d	Excess from 2013							
е	Excess from 2014							

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 WOOD RIVER LAND TRUST CO.

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

SUPPORTING SCHEDULE - UNUSUAL GRANTS

BARGAIN SALE PURCHASE ROCK CREEK

\$ 11,192,545

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME

.

17,463

#### SCHEDULE D (Form 990) r

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

lame	of the organization	'	Employer ı	dentification number
W	OOD RIVER LAND TRUST CO.	;	82-0	474191
	Organizations Maintaining Donor Advised Fun Complete if the organization answered "Yes" to F	nds or Other Similar Funds or Ac		
		(a) Donor advised funds	(b	) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year		_	
5	Did the organization inform all donors and donor advisors in writing tha	t the assets held in donor advised		
	funds are the organization's property, subject to the organization's excl	lusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
₽₽	Conservation Easements.  Complete if the organization answered "Yes" to F	Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check	all that apply)		
	X Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impor	tant land	i area
	X Protection of natural habitat	Preservation of a certified historic s	structure	<b>;</b>
	X Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conserv	ation	
	easement on the last day of the tax year		ļ	Held at the End of the Tax Yea
а	Total number of conservation easements		2a	48
þ	Total acreage restricted by conservation easements		2b	10,848.00
C	Number of conservation easements on a certified historic structure incl	, ,	2c	0
d	Number of conservation easements included in (c) acquired after 8/17/	/06, and not on a		0
_	historic structure listed in the National Register		2d	0
3	Number of conservation easements modified, transferred, released, ex	dinguished, or terminated by the organization	n during	j tne
	tax year > 1	located ▶ 1		
4	Number of states where property subject to conservation easement is	•		
5	Does the organization have a written policy regarding the periodic mon violations, and enforcement of the conservation easements it holds?	intoring, inspection, nanding or		X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcement	cing conservation easements during the vea	ar	<u></u> .0010
_	▶ 960	-		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing ( > \$83,201	conservation easements during the year		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			X Yes No
9	In Part XIII, describe how the organization reports conservation easem			
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that des	scribes t	he
D-	organization's accounting for conservation easements  art III Organizations Maintaining Collections of Art.	Historical Transpures or Other C	imilar	Accets
	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to F		IIIIIai	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n	•		heet
	works of art, historical treasures, or other similar assets held for public		ance of	
	public service, provide, in Part XIII, the text of the footnote to its financial			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	•		l
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of	
	public service, provide the following amounts relating to these items			•
	(i) Revenues included in Form 990, Part VIII, line 1		<b>•</b>	<b>\$</b>
_	(ii) Assets included in Form 990, Part X		المامات	<b>*</b>
2	If the organization received or held works of art, historical treasures, or		ide (ne	
_	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items		•
	Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		_	Ψ · \$

Schedule D (Form 990) 2014 WOOD RIV	ER LAND TR	UST C	:O.	:	82-0474	191	Page <b>2</b>
Part III 'Organizations Maintainir				reasures, o	r Other Sin	nilar Asset	
3 Using the organization's acquisition, acces coffection items (check all that apply)							
a Public exhibition	d 🗍	Loan or e	exchange pro	arams			
b Scholarly research	e	Other	anananga pro	3.4			
c Preservation for future generations							
4 Provide a description of the organization's	collections and expla	in how the	ev further the	organization's	exempt purpos	se in Part	
XIII	, .		,	J			
5 During the year, did the organization solicit	or receive donations	of art, his	torical treasu	res, or other si	mılar		
assets to be sold to raise funds rather than	to be maintained as	part of the	e organization	's collection?			Yes No
Part IV Escrow and Custodial A	rrangements.				_		
Complete if the organization	on answered "Yes	s" to For	m 990, Par	rt IV, line 9,	or reported	an amount	t on Form
990, Part X, line 21							<u> </u>
1a Is the organization an agent, trustee, custo	dian or other interme	diary for c	ontributions o	or other assets	not		
included on Form 990, Part X?							Yes No
b If "Yes," explain the arrangement in Part XI	II and complete the fe	ollowing ta	able				
							Amount
c Beginning balance						1c	
d Additions during the year						1d	
<ul> <li>Distributions during the year</li> </ul>						1e	
f Ending balance						1f	
2a Did the organization include an amount on	•				-		Yes No
b If "Yes," explain the arrangement in Part XI	II Check here if the	explanatio	n has been pi	rovided in Part	XIII		
Part V Endowment Funds.	1.40.7	" -	000 5				
Complete if the organization							
_	(a) Current year	(b)	Prior year	(c) Two years	back (d)	Three years back	(e) Four years back
1a Beginning of year balance							<u>-</u>
b Contributions	<del></del>				+	<del></del>	<u> </u>
c Net investment earnings, gains, and		ļ					
losses							-
d Grants or scholarships							<del></del>
e Other expenditures for facilities and							
programs					-		<del></del>
f Administrative expenses g End of year balance		1					
2 Provide the estimated percentage of the cu	urrent year and halan		r column (c))	hold oc	L		
a Board designated or quasi-endowment ▶		ce (iiile ig	g, column (a))	neiu as			
b Permanent endowment ► %							
c Temporarily restricted endowment ▶	%						
The percentages in lines 2a, 2b, and 2c sh							
3a Are there endowment funds not in the poss	•	ation that	are held and	administered f	for the		
organization by	received or three organise						Yes No
(i) unrelated organizations							3a(ı)
(ii) related organizations							3a(iı)
b If "Yes" to 3a(ii), are the related organization	ns listed as required	on Sched	ule R?				3b
4 Describe in Part XIII the intended uses of the							
Part VI Land, Buildings, and Equ				<u> </u>			<del></del>
Complete if the organization		s" to For	m 990, Par	rt IV, line 11	a See Forr	n 990, Par	t X, line 10
Description of property	(a) Cost or other		(b) Cost or o		(c) Accumul	ľ	(d) Book value
	(investmen	1)	(oth	er)	depreciati	on	
1a Land	18,942	2,077	5	38,135			19,480,212
<b>b</b> Buildings			9	33,467	33	7,819	595,648
c Leasehold improvements							
d Equipment				28,925	1	8,766	10,159
e Other						_	
Total. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Pa	rt X, colur	mn (B), line 10	Oc)		▶	20,086,019

Schedule D (F	Form 990) 2014 WOOD RIVER LAND TRUS	ST CO.	82-0474191	Page
Part VII	'Investments—Other Securities.			
	Complete if the organization answered "Yes" t	o Form 990, Part IV, line	11b See Form 990, Part X	, line 12
•	(a) Description of security or category	(b) Book value	(c) Method of valuation	วท
	(including name of security)		Cost or end-of-year marke	t value
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)		-		
(C)				······································
(D)				<del></del>
(E)				
(F)				
(G)				
(H)				
	in (b) must equal Form 990, Part X, col (B) line 12 )			
Part VIII	Investments—Program Related.	E 000 E 184 1		
	Complete if the organization answered "Yes" t			_
	(a) Description of investment	(b) Book value	(c) Method of valuation	
	<u> </u>		Cost or end-of-year marke	t value
_(1)				
(2)				
_(3)_				
(4)				
(5)		·-		
(6)				
(7)		_	···	
(8)				
(9)		<del></del>		
	ın (b) must equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX	Other Assets.	<b>L</b>	L	<u> </u>
, 414 154	Complete if the organization answered "Yes" t	o Form 990 Part IV line	11d See Form 990 Part Y	line 15
	(a) Description	or onin 990, raitiv, iine	The Section 950, Fait X	(b) Book value
<u></u>	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
_(8)				
(9)				
Total. (Colum	in (b) must equal Form 990, Part X, col. (B) line 15.)		<b>•</b>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" t	o Form 990, Part IV, line	11e or 11f See Form 990,	Part X,
	line 25			
1	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)	<del></del>			
(4)				
(5)				
		-		
(6)	<del></del>			
(7)	<del></del>			
(8)				
_(9)				
	n (b) must equal Form 990, Part X, col (B) line 25 ) ▶			
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the f	footnote to the organization's fi	inancial statements that reports the	<del>)</del>

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

c Add lines 4a and 4b

Page 4

14,745,144

	Add D (1 0111 550) 2014 1100D 2121 221 2212 221002 00.					_ ~ 3
Pa	*rt XI * Reconciliation of Revenue per Audited Financial St.  Complete if the organization answered "Yes" to Form 9			turn.		
1	Total revenue, gains, and other support per audited financial statements	90, 1 art 1V, line	124	1	14,451	, 616
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains (losses) on investments	2a ]	-176,0 <u>28</u>			
b	Donated services and use of facilities	2b		:		
C	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII )	2d	-117,500			
е	Add lines 2a through 2d			2e	-293	<del></del>
3	Subtract line 2e from line 1			3	14,745	,144
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
h	Other (Describe in Part XIII.)	4b		1 1		

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

	Complete if the organization answered thes to Form 990, P	antiv, line iza		
1	Total expenses and losses per audited financial statements		1	1,547,035
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a	]	
b	Prior year adjustments	2b	]	
С	Other losses	2c	] ]	
d	Other (Describe in Part XIII )	2d	]	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,547,035
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1	
b	Other (Describe in Part XIII )	4b 53,145	<u> </u>	
С	Add lines 4a and 4b		4c	53,145
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	1,600,180

Part XIII Supplemental Information.

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

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

PART II, LINE 5 - MONITORING AND ENFORCEMENT POLICY

Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12)

YES

PART II, LINE 9 - ACCOUNTING FOR CONSERVATION EASEMENTS

THE WOOD RIVER LAND TRUST HAS ADOPTED THE POLICY TO NOT

CAPITALIZE THE ACQUISITION OF EASEMENTS, BUT RECOGNIZES THEM AS PROGRAM

INCOME AND EXPENDITURES IN THE STATEMENT OF ACTIVITIES AND DISCLOSES THEM

IN THE FOOTNOTES OF THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

DECREASE IN LAND VALUE DUE TO PARTIAL TRANSFER \$ -117,500

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

TAX DEPR DIFF \$ 53,145

Part XIII - Supplemental Information (continued)

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## SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions With Interested Persons**

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

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

OMB No 1545-0047

Name of the orga	anization							Emplo	yer ider	ntıficatı	on num	nber		
	WOOD RIVER LAND TRU	ST CO.						82-0	4741	91				
Part I	Excess Benefit Transaction													
	Complete if the organization answer	ed "Yes" on Fo	rm 990, Part IV	/, line	25a	or 25b, or Form	990-EZ, F	Part V,	line 40	0b				
1	(a) Name of disqualified person	(b) Relatio	nship between disq	ualifie	d pers	ion and	(c) Descrip	tion of tra	insactio	n			Correc	
			organizatio	n								Yes		No
(1)												├	+	
(2)	·											<del> </del>		
(3)	<del></del>					-						╁──	+	
(5)						_			_			<del>                                     </del>	+	
(6)		-										<del>                                     </del>	+	
	the amount of tax incurred by the organiz	zation manager	s or disqualifie	d ne	rson	s during the year						1		
	section 4958	zation manager	o or aloqualine	u pu		o daning the year			▶ \$	s				
3 Enter t	the amount of tax, if any, on line 2, above	e, reimbursed b	y the organiza	tion					▶ \$	i				
Part II	Loans to and/or From Intere	ested Perso	ns.	•		•								
	Complete if the organization answer	ed "Yes" on Fo	rm 990-EZ, Pa	rt V,	lıne	38a or Form 990	, Part IV, I	ine 26,	or if the	he				
	organization reported an amount on	Form 990, Part	X, line 5, 6, o	r 22										
	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		oan to m the		(f) Balan	ce due	(g) In (	default?	(h) Ap	oproved oard or		Vritten ement?
		With Organization	loan		g ?	principal amount	ļ					nittee?	Lag. oc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				То	From				Yes	No	Yes	No	Yes	No
					1						1			
(1)		ļ		-					_		<del></del>	├—	<del>                                     </del>	-
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(3)				+			<del> </del>		┼	<del> </del>	+	+		╁
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(5)														
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(6)														
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(7)										ļ				l _
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_(9)						<u>.                                    </u>					<u> </u>	<u> </u>	<u> </u>	_
				1										
(10)					l				-	<u> </u>	—	<u> </u>	<del> </del>	<u> </u>
Total						▶ \$			1	_	<u> </u>		<u> </u>	
Part III	Grants or Assistance Bene													
	Complete if the organization answer	ed "Yes" on Fo	rm 990, Part I\	/, line	27 T	· · · · · · · · · · · · · · · · · · ·								
	(a) Name of interested person		ship between intere		(c) A	mount of assistance	(d) Type of a	ssistance	·	(e)	Purpos	e of ass	istance	;
		person	and the organization	n	├									
(1)								_	+					
(2)	·								-					
(3)		<del></del>			├				-+-					
(4)	<del></del>								+-					
(5)		<del>-  </del>			$\vdash$				$\dashv$					
(6) (7)					$\vdash$	<del></del>								
(8)		<del> </del>			<del>                                     </del>				$\dashv$					
(9)					<del>                                     </del>		<del>-</del>		$\neg +$					

	Form 990 or 990-EZ) 2014 WOOD RIVE	R LAND TRUST C	0.	82-0474	191	Pa	age 2
Part IV	Business Transactions Involving In		20h or 20a				
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 28				(e) SI	haring
	(a) Name of interested person	(b) Relationship between	(c) Amount of transaction	(d) Description of	f transaction	of c	org
		interested person and the organization	(FallSaction)			Yes	No
(1) TRENT	JONES	PAST PRESIDENT	300,000	ROCK CREEK	REALTOR	1	x
(2) RICK D		DIRECTOR		ROCK CREEK			х
(3)							
(4)						<u> </u>	<u> </u>
(5)						ļ	ـــــ
(6)						-	
(7)							—
(8)			<del></del>	· - · · ·	<del></del>	1	├
(9) (10)							
Part V	Supplemental Information	<u> </u>		<u> </u>			<u> </u>
7 227 2 2	Provide additional information for responses to	o questions on Schedule L (	see instructions)				
SCHED	ULE L, PART V - ADDITION	NAL INFORMATIO	N		<u> </u>		_
mpan				D MUE DIN	ZED ESMT	T 32	
TRENT	JONES, AS A REALTOR FOR	K HALL & HALL,	REPRESENTE	D THE RINI	KER FAMI	ΤХ	
TRUST	IN THE BARGAINS SALE OF	7 10 394 ACRES	KNOWN AS R	OCK CREEK	TO THE		
		10,554 110100	1410111 110 11	OCK OLUZIK			
WOOD	RIVER LAND TRUST. TRENT	JONES WAS THE	PRESIDENT	AT THE TIM	ME OF TH	E	
TRANS	ACTION. THE SALE RESULTE	ED IN A \$300,0	00 COMMISSI	ON TO HAL	L & HALL	٠.	
						_	
JONES	WAS NOT INVOLVED IN BOX	ARD DISCUSSION	S REGARDING	THE PROPI	ERTY, AN	ם	
BOARD	MEETING MINUTES SECTION	J PECABUTNG TH	E DIIRCHASE	WERE NOT 1	PROVIDED	тс	<b>)</b>
DOPED	MEDIING MINOIES SECTION	NEGANDING III	E FORCIASE	WEIGE NOT I	ROVIDED		
HIM.							
				·			
SUN V	ALLEY TITLE CO HANDLED T	THE TITLE TRAN	SACTIONS FO	R THE ROCI	K CREEK	SAI	<u>ъЕ.</u>
DICK	DAUTE TE MANACED OF CITE	NIM DELTAMIONO	EOD CIBI 178T	ים דחדת עים ד	CO DAVIT	C T	א או
KICK	DAVIS IS MANAGER OF CLIE	ENT RELATIONS	FOR SUN VAL	TEI IIITE	CO.DAVI	<u> </u>	MAS
NOT I	NVOLVED IN BOARD DISCUSS	STONS REGARDIN	G THE PROPE	RTY. AND I	BOARD ME	ETI	ING
			<u> </u>				
MINUT	ES SECTION REGARDING THE	E PURCHASE WER	E NOT PROVI	DED TO HIM	м		
					— ·		
<del> </del>							
<del></del>		<del></del>					
			<del></del>				

#### SCHEDULE M (Form 990) \*

**Noncash Contributions** 

OMB No 1545-0047 2014

Open To Public inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990

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

WOOD RIVER LAND TRUST CO.

Employer identification number 82-0474191

Pa	rt ! Types of Property						
		(a)	(b)	(c) Noncash contribution	(d)		
	•	Check if	Number of contributions or	amounts reported on	Method of determining		
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amounts		
1	Art — Works of art						
2	Art — Historical treasures						
3	Art — Fractional interests						
4	Books and publications	<u> </u>					
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities — Publicly traded	X	1	20,092			
10	Securities — Closely held stock						
11	Securities — Partnership, LLC,						
	or trust interests						
12	Securities — Miscellaneous				<u> </u>		
13	Qualified conservation						
	contribution — Historic						
	structures						
14	Qualified conservation						
	contribution — Other						
15	Real estate — Residential						
16	Real estate — Commercial						
17	Real estate Other	X	4	11,784,493			
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► (						
26	Other ►(						
27	Other ►(						
28	Other ►(						
29	Number of Forms 8283 received by	-					
	which the organization completed F	orm 8283,	Part IV, Donee Acknowl	edgement	29	<del></del>	т
					_	Yes	No
30a	During the year, did the organization	receive b	y contribution any prope	rty reported in Part I, lines	1 through		
	28, that it must hold for at least thre	e years fro	m the date of the initial o	contribution, and which is n	<b>.</b>	1	
	to be used for exempt purposes for	the entire l	nolding period?		3	0a	X
b	If "Yes," describe the arrangement i						
31	Does the organization have a gift ac	ceptance	policy that requires the re	eview of any non-standard			1
	contributions?				<u> </u>	31	X
32a	Does the organization hire or use th	ird parties	or related organizations	to solicit, process, or sell n		_ [	47
	contributions?				<u>  3</u>	2a	X
b	If "Yes," describe in Part II					1	
33	If the organization did not report an	amount in	column (c) for a type of	property for which column (	(a) is checked,		
	describe in Part II						

Schedule M (Form 990) (2014)

990) (2014) WOOD RIVER LAND TRUST CO. 82-0474191

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

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

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

OMB No 1545-0047 2014

Open to Public

Department of the Treasury Internal Revenue Service

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

s.gov/form990. Inspection
Employer identification number

Name of the organization

WOOD RIVER LAND TRUST CO.

82-0474191

FORM 990 - ORGANIZATION'S MISSION

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

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

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FINANCE COMMITTEE REVIEWS AND APPROVES THE 990 AND THEN A COPY IS
ELECTRONICALLY TRANSMITTED TO ALL BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE WOOD RIVER LAND TRUST'S CONFLICT OF INTEREST POLICY IS DISTRIBUTED
ANNUALLY TO STAFF AND BOARD MEMBERS, WHO ARE REQUIRED TO REVIEW THE POLICY
AND COMPLETE AN ACKNOWLEDGEMENT FORM THAT DISCLOSES POSITIONS, PROPERTY
OWNERSHIP, BUSINESS DEALINGS, OR FINANCIAL INTERESTS THAT MAY PRESENT A
CONFLICT TO THE INDIVIDUAL'S WORK OR BOARD ACTIVITIES WITH THE LAND TRUST.
FURTHERMORE, THE LAND TRUST REVIEWS WHETHER THERE MAY BE ANY CONFLICTS OF
INTEREST PRIOR TO ANY LAND TRANSACTION DECISION TO BE MADE BY THE BOARD OF
DIRECTORS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE EXECUTIVE

Name of the organization

Employer identification number

WOOD RIVER LAND TRUST CO.

82-0474191

COMMITTEE OF THE BOARD. THAT COMMITTEE CONSISTS OF THE PRESIDENT, VICE PRESIDENT, TREASURER, SECRETARY AND IMMEDIATE PAST PRESIDENT PLUS CHAIRS OF COMMITTEES OF THE BOARD NOT INCLUDED IN THE PRECEDING LIST. SALARY SURVEYS CONDUCTED BY THE LAND TRUST ALLIANCE ARE USED TO PROVIDE COMPARABILITY DATA BASED ON OTHER LAND TRUSTS WHICH ARE SIMILAR IN SCOPE AND FINANCIAL RESOURCES.

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

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

DECREASE IN LAND VALUE DUE TO PARTIAL TRANSFER \$ -117,500

TAX DEPR DIFF

\$ 53,145

799303 10/30/2015 9 33 AM

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Open to Public Inspection 2014

OMB No 1545-0047

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

Employer identification number 82-0474191

Schedule R (Form 990) 2014 Section 512(b)(13)
controlled entity?
Yes No × (f) Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year (f) Direct controlling entity (e) End-of-year assets N/A (e)
Public charity status
(if section 501(c)(3)) 110 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income (d) Exempt Code section 501C3 (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) H (b) Primary activity (b) Primary activity SUP ORG 82-0518109 For Paperwork Reduction Act Notice, see the Instructions for Form 990. WOOD RIVER LAND TRUST CO. (a)
 Name, address, and EIN (if applicable) of disregarded entity THE BUILDING MATERIALS THRIFT STORE (a) Name, address, and EIN of related organization 83333 임 P.O. BOX 909 HAILEY Part II Parti Ξ 2 9 Ξ 3 <u>4</u> 3 3 3 <u>4</u>

799303 10/30/2015 9 33 AM

Schedule R (Form 990) 2014 WOOD RIVER LAND TRUST CO.

Page 2

82-0474191

Schedule R (Form 990) 2014 (i) Section 512(b)(13) controlled entity? Percentage ownership Yes € (J) General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Percentage ownership Ξ amount in box 20 of Schedule K-1 (ı) Code V—UBI (Form 1065) end-of-year assets Share of (h)
Disproportionate
alloc ? Yes No 6) Share of end-ofyear assets Share of total income (f) Share of total (C corp, S corp, Type of entity or trust) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) Direct controlling entity (d) Direct controlling Legal domicile foreign country) (state or (c) Legal domicile (state or foreign country) Primary activity (b)
Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Ø A  $\Xi$ 3 |ଡ଼ ΙΞ 2 ල 4 4

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82-0474191

. ပ WOOD RIVER LAND TRUST Schedule R (Form 990) 2014 Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

	•
dule	
isted in Parts II, III, or IV of this sche	
Note. Complete line 1 if any entity is li	

- During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?
  - Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity **b** Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
  - d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses ۵
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to a	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ne, including covered re	lationships and transaction	n thresholds
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	THE BUILDING MATERIAL THRIFT STORE	S	44,465	ACTUAL DOLLAR AMOUNT
(2)	THE BUILDING MATERIAL THRIFT STORE	υ	40,781	ACTUAL DOLLAR AMOUNT
(3)	THE BUILDING MATERIAL THRIFT STORE	Ø	11,528	ACTUAL DOLLAR AMOUNT
(4)				
(5)		-		
(9)				

82-0474191

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

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

(I) (k) General or Percentage managing ownership	Yes No	<u> </u>										
9 8 9	(Form 1065)						_					
(h) Disproportionate allocations?	Yes No											
(g) Share of end-of-year assets												
(f) Share of total income												
(e) Are all partners section 501(c)(3)	No						,					
Are all p sec	Yes											
(d) Predominant income (related, unrelated, excluded	sections 512-514)		į									
(c) Legal domicile (state or	country)			-								
(b) Primary activity												
(a) (b) (c) (d) (e)  Name, address, and EIN of entity (and the address) and EIN of entity (and the address) and EIN of entity (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the address) (and the add		(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)

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Part VII "Supplemental Information

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