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Department of the The sury Internal Revenue Service

DAA

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.

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

OMB No 1545-0047 2015 **Open to Public** Inspection

Α_	For th	ne 2015 c	alendar year, or tax year beginning $04/01/15$, and ending $03/31/1$. 6		
В	Check if	applicable	C Name of organization		D Employe	r identification number
	Address	change	WOOD RIVER LAND TRUST CO.			
\Box	Name ch	nange	Doing business as			474191
		_	Number and street (or P O box if mail is not delivered to street address) 119 E. BULLION ST	Room/suite	E Telephon	e number 788-3947
님	Initial ret Final retu		City or town, state or province, country, and ZIP or foreign postal code		200-	766-3947
	terminate					
	Amende	d return	F Name and address of principal officer	T	G Gross rec	eipts \$3, 083, 778
$\overline{\Box}$	Annlıcatı	on pending	RICHARD CARR	H(a) Is this a gro	oup return for s	ubordinates? Yes X No
	, .p	рет-т.	PO BOX 9040	H(b) Are all sub	ordinatas incl	uded? Yes No
				1		(see instructions)
_				-	attach a not	(See mondenons)
<u>-</u>		empt status		┨		_
<u>. </u>	Websit		WW.WOODRIVERLANDTRUST.ORG	H(c) Group exe		
		organization		ear of formation 1	994	M State of legal domicile ID
	art I	_	ımmary			
		-	escribe the organization's mission or most significant activities			
õ		SEE	SCHEDULE O			
Пaг	Ì					
TIT Activities & Governance						
(§)	2	Check th	is box ▶ 🔛 if the organization discontinued its operations or disposed of more than 25	% of its net as:	sets .	
8	3	Number	of voting members of the governing body (Part VI, line 1a)		3	15
es:	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4	15
Ę	5	Total nur	nber of individuals employed in calendar year 2015 (Part V, line 2a)		5	13
Ę;	6		nber of volunteers (estimate if necessary)		6	60
₹,	7a		elated business revenue from Part VIII, column (C), line 12		7a	0
F	h		ated business taxable income from Form 990-T, line 34		7b	0
		110t anno	ated basiness taxable mostric from Form 500 1, fine 54	Prior Yea		Current Year
e	8	Contribut	tions and grants (Part VIII, line 1h)	14,41	6,676	2,568,539
Ď.	9		service revenue (Part VIII, line 2g)			0
ē	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)	30	8,188	54,574
(Revenue (11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0,280	46,990
-	1		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,74		2,670,103
—			nd similar amounts paid (Part IX, column (A)—nes (=3)		J,133	2,070,103
	13	Grants a	paid to or for members (Part IX, column (A)-line (Part IX)			
				E 1	1 710	
es	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines (5) 0)	21.	4,748	540,873
ens	16a	Profession	onal fundraising fees (Part IX, column 👸), line 016) 2 3 2016			0
Expenses	b	Total fun	draising expenses (Part IX, column (D), line 25) ▶ 152, 362			
ш	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 101-24e)		5,432	2,057,495
	18	Total exp	enses Add lines 13–17 (must equal Part IX, column (A)) line 25)		0,180	2,598,368
	19	Revenue	less expenses. Subtract line 18 from line 12	13,14		71,735
Net Assets or Fund Balances	_		<u></u>	Beginning of Cur		End of Year
Sset	20		ets (Part X, line 16)	23,79		23,777,056
A P	21	Total liab	ılıtıes (Part X, line 26)		2,310	1,185,422
			ts or fund balances Subtract line 21 from line 20	22,61	3,586	22,591,634
P	art II	Si	gnature Block			
			perjury, I declare that I have examined this return, including accompanying schedules and stateme			lowledge and belief, it is
trı	ue, corr	ect, and c	omplete Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowledg	je	
Sig	n	S	ignature of officer	_	Date	T I
He	re		RICHARD CARR CO-CH	AIR	11	114/16
		│ 	ype or print name and title			· · · · · · · · · · · · · · · · · · ·
		Print/Typ	e preparer's name Pregater's signature / n/ 2	Date	Check	if PTIN
Pai	d	LINDA	P. CHAMBERS LINDA P. CHAMBERS ULL	11/11	/16 self-en	nployed
Pre	parer	Firm's na	DECKED CHANDEDG C CO D 3		irm's EIN	
	Only		PO BOX 909			
	-	Firm's ad	HATTEN ID 02222 0000	,	Phone no	208-788-9595
Mar	the II		s this return with the preparer shown above? (see instructions)		none no	Yes No
_			action Act Notice, see the separate instructions.			Form 990 (2015)

orm 990 (2015) WOOD RIVER LAI		82-0474191	Page
Part III Statement of Program			X
Check if Schedule O col Briefly describe the organization's mission		ote to any line in this Part III	
SEE SCHEDULE O	,,,		
Did the organization undertake any sign	ficant program services duri	ng the year which were not listed on the	
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services or Did the organization cease conducting,		In how it conducts, any program	
services?	or make significant changes	in now it conducts, any program	Yes X N
If "Yes," describe these changes on Sch	edule O		
		ach of its three largest program services, as measured by	
	-	d to report the amount of grants and allocations to others,	
the total expenses, and revenue, if any,	for each program service re	ported	
a (Code:) (Expenses \$	1,775,952 includin	g grants of \$) (Revenue \$	
LAND ACQUISITION/PROT	ECTION - PLEAS	SE SEE ATTACHED PROGRAM	
ACHIEVEMENTS INFORMAT	ION		
b (Code:) (Expenses \$		g grants of \$) (Revenue \$	- -
		ASE SEE ATTACHED PROGRAM	
ACHIEVEMENTS INFORMAT	ION		
c (Code) (Expenses \$	174,863 includir		
LAND STEWARDSHIP - PI		CHED PROGRAM	
ACHIEVEMENTS INFORMAT	ION		
d. Other program assumes (December: C-	andulo O)		
d Other program services (Describe in Sci (Expenses \$	nedule O.)including grants of \$) (Revenue \$	1
e Total program service expenses ▶	2,140,806) (Iveseine &	
A			Form 990 (201

orm	990'(2015) WOOD RIVER LAND TRUST CO. 82-0474191		P	<u>age 3</u>
Pa	rt 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,"	1 1		
2	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		x
4	candidates for public office? If "Yes," complete Schedule C, Part I	-3-1		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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
e.	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	1		
	"Yes," complete Schedule D, Part I	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,"	\ \-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\		<u> </u>
•	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			
_	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	ļ	x
0	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	ł	X
1	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	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"]	}
	complete Schedule D, Part VI	11a	X	<u> </u>
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	<u> </u>	X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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	<u> </u>	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Ì	ł
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	 	X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1	ļ	1
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1		}
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
4a	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
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	}		1
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	↓	X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1	}	,,
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	}		1
_	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	╂	<u>x</u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	1	
_	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	├	 X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	

If "Yes," complete Schedule G, Part III

È	Part IV Checklist of Required Schedules (continued)			
	,		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
t	o If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		-	
	domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		}	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		·	Ì
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	<u> </u>	X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		Ì	1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	- {	5	
	through 24d and complete Schedule K If "No," go to line 25a	24a	<u> </u>	X
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1	ļ	1
	to defease any tax-exempt bonds?	24c		
c	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u>L</u>	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	- }		1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	L	X
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	Ŷ	ì	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?]	1	
	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	1		
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1	{	1
	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,	ļ	{	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	- }]	ļ
	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).	1	1	
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	1	1	ł
	Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		}	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		
	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	Ì	}	1
	Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1	{	1
	complete Schedule N, Part II	32	<u> </u>	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	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	j	1	}
	or IV, and Part V, line 1	34	X	<u> </u>
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	L	X
k	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	-	}	1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	.	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		{	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1	ł	1
	Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u>L_</u>

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No 9 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and 1c X reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within-the year covered by this return 2b= If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X 4a account)? If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5h Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X 7a and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7c required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X **7**f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter-10 10a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans 13c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

119 EAST BULLION ST.

ID 83333

Own website Another's website X Upon request Other (explain in Schedule O)

financial statements available to the public during the tax year

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

State the name, address, and telephone number of the person who possesses the organization's books and records: >

208-788-3947

HAILEY

CYDNEY PEARCE

19

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

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

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

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

Kenck 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 (list any hours for	offi	(C) Position (do not check more t oox, unless person is officer and a director.		s both a	in e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(1. 2. 1000 miles)	organization and related organizations
(1) JACK KUENEMAN										
DIRECMOR	5.00 0.00	x				} }		o	o	o
DIRECTOR (2) REBECCA PATTON	0.00	^			├	┼─┼				
(2) REBECCA PATION	4.00		ļ	Ì	Ì	1				
DIRECTOR	0.00	x			1			o	o	o
(3) STEVE STRANDBERG		1	t –	-	 	+		<u>-</u>		
(0,01212 01121132211	2.00					[
DIRECTOR	0.00	x	Ì		Ì	1 1		o	Ò	0
(4) WOLF RIEHLE					1					
. ,	1.00				Ì					
DIRECTOR	0.00	X						0	0	0
(5) DAVE ANDERSON					{	$\Gamma = \Gamma$				
	2.00	}	1	,						
ASST. SECRETARY	0.00	X		X	ļ			0	0	0
(6) TRENT JONES	{	[1			1		ĺ		
	1.00	1	l			} }		_	}	1
DIRECTOR	0.00	X	<u> </u>	_	<u> </u>	1		0	0	0
(7) JOHN FRENCH			l			1				
	5.00	Í	{	ĺ		()			ĺ	
DIRECTOR	0.00	X	-	-	<u> </u>	$\downarrow \downarrow$		0	0	0
(8) RICK DAVIS	1 00	1	}	ļ	}	! })		
D-10-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	1.00	3.5						0	o	0
DIRECTOR (9) RICHARD CARR	0.00	X	├	├	₩	+ +			<u> </u>	<u> </u>
(9) RICHARD CARR	10.00			}	{	1		({
CO-CHAIR	0.00	x]	x) !		o	O	o
(10) KATHY LEVISON	0.00	├ ^	╁	<u> </u>	-	++	_	 		
(io)icaliii LEVISON	6.00		ĺ	1		1 1			1	
CO-CHAIR	0.00	x	1	x		1		0	l	o
(11) DAN SMITH	1	†	 	† 	+	† †		 	†	† — — — — — — — — — — — — — — — — — — —
(-,=	4.00								1	
DIRECTOR	0.00	X			İ	1 1		0	Ò	0
DAA					•					Form 990 (2015)

Part VII. Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpi	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson i	than cost both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	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
(12) DAVE WOODWARI	7		==			-				
TREASURER	8.00	x	ĺ	x				o	o	o
(13) BARRY BUNSHOI			-	^						
	1.00	l	}	ļ						
SECRETARY (14) SARAH MICHAEI	0.00	X		X	<u> </u>	<u> </u>		0	0	0
(14) SARAN MICNAEI	3.00		l							
DIRECTOR	0.00	x			İ			o	o	o
(15) GAYLE STEVENS	I .									
рурношор	3.00	4,5]					
DIRECTOR (16) SCOTT BOETTGE	0.00	X	-	 	┢	-		0	0	0
(20, 20011 2011101	40.00	ļ		ļ						
EXEC. DIRECTOR	0.00	<u> </u>	<u> </u>			X		103,947	0	6,444
1b Sub-total	L	L	·	L	<u> </u>	 _	>	103,947		6,444
c Total from continuation she	ets to Part VII, S	Secti	ion A	4			•			
d Total (add lines 1b and 1c)	aladaa badaa b		-1 4-	45			<u> </u>	103,947	\$400,000 of	6,444
2 Total number of individuals (in reportable compensation from				เทอร	e ns	ted a	DOV	e) who received more than	\$100,000 of	
O Dultha annual a latau f	· · · · · · · · · · · · · · · · · · ·			4 4						Yes No
3 Did the organization list any for employee on line 1a? If "Yes,"								oyee, or nignest compensa	ted	3 X
4 For any individual listed on line										
organization and related orgar individual	nzations greater	mar	ТФІС	0,00	1071	1 16	S, C	complete Schedule 3 for suc	5N	4 X
5 Did any person listed on line 1									ındıvıdual	
for services rendered to the or Section B. Independent Contracto		es,	COIII	piete	30	neau	ie J	for such person		5 X
1 Complete this table for your five	ve highest comp	ensa	ted i	ndep	end	ent c	ontr	ractors that received more t	han \$100,000 of	
compensation from the organi		ompe	ensa	tion	for t	ne ca	lenc			
Name and	(A) business address						-	Descript	(B) ion of services	(C) Compensation
							<u> </u>			
							}			
			_		_		\vdash			
					_		_	· 		
2 Total number of independent of								se listed above) who	 	
received more than \$100,000	or compensation	i tror	n the	org	anız	ation				

1 10 10 10 10 10 10 10	Pa	rt V		nent of Reve if Schedule (tains a	response o	or note to any line i	n this Part VIII		Γ
Buan Code Buan	_		Oncor	ii Ocheddie C	2 0011	tams a	response	(A)	(B) Related or exempt function	Unrelated business	excluded from tax under sections
Buan Code Buan	इध	1a	Federated can	npaigns	1a						
Buan Code Buan	ള										
Buan Code Buan	A,				1c						
Buan Code Buan			=		1d_		15,325				
Buan Code Buan	E,E		_		1e		513,000			•	-
Buan Code Buan	ခဲ့လျှ	f	All other contribution	ns, gifts, grants,						i	
Buan Code Buan	ള		and similar amounts	not included above	1f	2	,040,214				
Buan Code Buan		g	Noncash contributio	ns included in lines 1a-	-1f	\$ 1	,115,000				
1 10 10 10 10 10 10 10	3 ह	<u>h</u>	Total. Add line	es <u>1a</u> -1f				2,568,539			
1 10 10 10 10 10 10 10	9						Busn Code	,,,			
1 10 10 10 10 10 10 10	š	2a									
1 10 10 10 10 10 10 10	2	b									
1 10 10 10 10 10 10 10	볼	С									
1 10 10 10 10 10 10 10	နှ	ď					 				
1 10 10 10 10 10 10 10	籄	е									<u> </u>
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds > 5 Royalties 6a Gross rents b Less rental argo c Rental income or (loss) d Net ental income or (loss) d Net ental income or (loss) c Rental income or (loss) d Net ental income or (loss) c Rental income or (loss) d Net gain or (loss) c Rental income or (loss) b Less cost or other bases & alse benefit in the side of desetts income the final income or (loss) c Gain or (loss) d Net gain or (loss) b Less cost or other base & alse son some from fundraising events (not including \$ of contributions reported on line tc) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events See Part IV, line 19 b Less cost of goods sold c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Macdeflances Revenue Busin. Code 11a STAFF ROUSING A 46, 990 46, 990	§				nue		L				
and other similar amounts) Income from investment of fax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents b Less rental exps c Rental in corne or (loss) 7a Gross amount from (i) Securities other than inventors state of astets other than inventors 1	<u>-</u>	<u> </u>									T
Income from investment of tax-exempt bond proceeds	- 1	3			dıvıder	nds, inter	est,				
Secondary Seco	ļ			•			>	70,396			70,396
(i) Real (ii) Personal	1	4		nvestment of tax	-exem	pt bond	proceeds >				<u> </u>
See Part IV, line 18 See Part IV, line 18 See Part IV, line 19	5	Royalties								 	
D Less rental exps C Rental inc or (loss) D		_		(ı) Real		(11)	Personal				
C Rental in cor (coss)				 							
d Net rental income or (loss) Fra Gross amount from (i) Securities (ii) Other sales of asets other than inventory b Less cost or other basis & sales exps 413,675 c Gain or (loss) A Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 b Less' direct expenses c Net income or (loss) from garning activities See Part IV, line 19 b Less' direct expenses c Net income or (loss) from garning activities See Part IV, line 19 b Less' direct expenses c Net income or (loss) from garning activities Ina Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Mescellaneous Revenue Busin. Code 11a STAFF HOUSING b C d All other revenue e Total. Add lines 11a–11d A 6,990			•	<u> </u>							
10 10 10 10 10 10 10 10	i	_								1	
Sales of assets Sales exps						Τ ,	w) Other		· · · · · · · · · · · · · · · · · · ·		
b Less cost or other basis & sales exps c Gain or (loss) -15,822 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busin. Code 11a STAFF HOUSING 46,990 46,990 46,990						 	ii) Ottlei				
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C Gain or (loss)		ь		/113	675	l					
d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b c Net income or (loss) from fundraising events See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue 11a STAFF HOUSING b C d All other revenue e Total. Add lines 11a–11d 46,990			•			╅					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less' direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue 11a STAFF HOUSING b C d All other revenue e Total. Add lines 11a–11d 46,990			` '		, 022	J		-15 822		1	-15.822
(not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 Gross income from gaming activities See Part IV, line 19 b Less' direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11a STAFF HOUSING b c d All other revenue e Total. Add lines 11a–11d 46,990					inte			13,022			13/022
C Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a STAFF HOUSING b c d All other revenue e Total. Add lines 11a–11d 46,990	틸	Ua		_	1110						
C Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a STAFF HOUSING b c d All other revenue e Total. Add lines 11a–11d 46,990	Ne.				١		ì				
C Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a STAFF HOUSING b c d All other revenue e Total. Add lines 11a–11d 46,990	2			•	-						
C Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a STAFF HOUSING b c d All other revenue e Total. Add lines 11a–11d 46,990	he.	ь	•								
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c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a STAFF HOUSING b c d All other revenue e Total. Add lines 11a–11d ▶ 46,990		b									
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returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a STAFF HOUSING b c d All other revenue e Total. Add lines 11a–11d 46,990											
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C Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a STAFF HOUSING C d All other revenue e Total. Add lines 11a–11d All other states of inventory Busn. Code 46,990 46,990	ļ	b	Less cost of	goods sold							
Miscellaneous Revenue Busn. Code 11a STAFF HOUSING 46,990 b 46,990 c 46,990 d All other revenue 46,990 e Total. Add lines 11a–11d 46,990				-	s of in	ventory					
b c d All other revenue e Total. Add lines 11a–11d • 46,990							Busn. Code				
b c d All other revenue e Total. Add lines 11a–11d • 46,990	ı	11a	STAFF HOU	JSING				46,990			46,990
d All other revenue e Total. Add lines 11a–11d • 46,990		b									
e Total. Add lines 11a–11d ► 46,990		С									
		d	All other rever	nue							
12 Total revenue. See instructions ▶ 2,670,103 0 0 101,564		е	Total. Add line	es 11a-11d			•				
		12	Total revenue	e. See instructio	ns		•	2,670,103	C		101,564

Form 990 (2015) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (C) Management and (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 422,330 99,767 64,783 257,780 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 85,570 44,109 32,524 8,937 Other employee benefits 7.789 32,973 5,058 20,126 Payroll taxes Fees for services (non-employees) Management 13,831 13,768 63 Legal 29,519 29,519 Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 23,657 23,052 605 (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 19,998 15,776 2,916 1,306 13 Office expenses 5,906 1,910 3,514 11,330 14 Information technology Royalties 15 16,735 1,119 15,616 16 Occupancy 2,527 5,647 3,120 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 11,471 424 2,756 8,291 Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 42,698 24,886 104,653 37,069 22 Depreciation, depletion, and amortization 19,302 29,47410,172 23 Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 1,628,000 1,628,000 CONSERVATION EASEMENT 41,108 39,681 1,295 132 STEWARDSHIP 9,148 9,404 19,345 37,897 **OUTREACH & DEVELOPMENT** С 2,915 26,729 1,467 22,347 **FUNDRAISING** d 44,775 57,446 12,651 20 e All other expenses 305,200 2,598,368 2,140,806 152,362 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here

following SOP 98-2 (ASC 958-720)

-			-0474191		Page 11
<u> </u>	art)				
_		, Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		1	
	2	Savings and temporary cash investments	1,825,870		2,006,904
	3	Pledges and grants receivable, net	47,776	3	
	4	Accounts receivable, net		4	
	5	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			
ssets	_	organizations (see instructions) Complete Part II of Schedule L	6		
Ass	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use	2 000	8	
	9	Prepaid expenses and deferred charges	3,993	9	5,263
	lua	Land, buildings, and equipment cost or			
	h	other basis. Complete Part VI of Schedule D 10a 20, 325, 626	20 006 010		20 007 040
	11	Less: accumulated depreciation 10b 297,678 Investments—publicly traded securities	20,086,019		20,027,948
	12	· · ·	1,832,238		1,736,941
	13	Investments—other securities See Part IV, line 11 Investments—program-related See Part IV, line 11		12	
	14	Intangible assets		13	
	15	Other assets See Part IV, line 11		14 15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	23,795,896	_	23,777,056
	17	Accounts payable and accrued expenses	54,480		57,592
	18	Grants payable	01/100	18	37,332
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	· · · · · · · · · · · · · · · · · · ·	21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	1,127,830	23	1,127,830
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	-		
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25_	
	26	Total liabilities. Add lines 17 through 25	1,182,310	26	1,185,422
th.		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ce		complete lines 27 through 29, and lines 33 and 34.			
Balances	27	Unrestricted net assets	21,451,253		21,448,461
ЯВ	28	Temporarily restricted net assets	1,162,333	28	1,143,173
or Fund	29	Permanently restricted net assets		29	
ř		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and			
ts c		complete lines 30 through 34.	1		
Sse	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Š	32	Retained earnings, endowment, accumulated income, or other funds	20 612 506	32	00 501 601
	33 34	Total liabilities and not assets/fund belonge	22,613,586	33	22,591,634
	J+	Total liabilities and net assets/fund balances	23,795,896	34	23,777,056

Form **990** (2015)

,Forn	n 990 (2015) WOOD RIVER LAND TRUST CO. 82-0474191				Pag	je 12
	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,67		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	2,59		
3	Revenue less expenses Subtract line 2 from line 1	3_			71 <u>, '</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22	, 61		
5	Net unrealized gains (losses) on investments	5		-14	10,	268
6	Donated services and use of facilities	6				
7 _	-Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		4	16,	<u>581</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	1 1				
	33, column (B))	10	22	2,59	1,	<u>634</u>
Pi	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1		
	Schedule O		j	- 1		
28	Were the organization's financial statements compiled or reviewed by an independent accountant?		l	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			- 1		
	reviewed on a separate basis, consolidated basis, or both			-		
	Separate basis Consolidated basis Both consolidated and separate basis					
ŀ	Were the organization's financial statements audited by an independent accountant?			2 <u>b</u>	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		(ì
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c_	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		l			
	Schedule O.					
3:	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
-	the Single Audit Act and OMB Circular A-133?]	3a		X
ŀ	of "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					

Form **990** (2015)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

2015

Open to Public Inspection

WOOD RIVER LAND TRUST CO. 82-0474191

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Pá	art I	Reaso	on for Public Charity S	Status (All organizations r	nust co	mplete	this part.) See instruction	ns.				
The	orgai			e it is (For lines 1 through 11, ch								
1	\bigcap	A church, cor	nvention of churches, or asso	ociation of churches described in	section	170(b)(1)(A)(i).					
2	-[7]-			A)(ii). (Attach Schedule E (Form								
3	П	A hospital or	a cooperative hospital service	e organization described in sec	tion 170(b)(1)(A)(i	ii).					
4	П	A medical res	search organization operated	in conjunction with a hospital d	escribed	n sectio	n 170(b)(1)(A)(iii). Enter the ho	ospital's name,				
		city, and state		-								
5		An organizati	on operated for the benefit o	f a college or university owned o	r operate	d by a go	vernmental unit described in					
			b)(1)(A)(iv). (Complete Part		•							
6		•		overnmental unit described in se	ction 17	0(b)(1)(A)	(v).					
7	X		•	substantial part of its support fro								
	ш	=	section 170(b)(1)(A)(vi). (Co		•							
8				70(b)(1)(A)(vi). (Complete Part	II.)							
9	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross											
-	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its											
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10			•	exclusively to test for public safe								
11	H			exclusively for the benefit of, to p				ses of				
	ш			ons described in section 509(a)								
				cribes the type of supporting org								
а				d, supervised, or controlled by it								
				o regularly appoint or elect a ma				g				
			You must complete Part IV									
b		•		ised or controlled in connection	with its s	upported	organization(s), by having					
	ш	••		organization vested in the same								
			s). You must complete Par		•		-					
С		- '	•	orting organization operated in c	onnection	n with, an	d functionally integrated with,					
	ш			ions) You must complete Part								
d		• •	, , ,	supporting organization operated								
		* -	_	anization generally must satisfy								
				complete Part IV, Sections A								
е				d a written determination from the								
		functionally in	ntegrated, or Type III non-fun	nctionally integrated supporting of	organizati	on.						
f	Ent	•	r of supported organizations		-							
g	Pro	ovide the follow	ving information about the su	ipported organization(s).		,						
(1) Nam	e of supported	(ii) EIN	(iii) Type of organization	(IV) Is the c	rganization	(v) Amount of monetary	(vi) Amount of				
	org	ganization		(described on lines 1–9	-	r governing ment?	support (see	other support (see instructions)				
				above (see instructions))	uocui	nem	instructions)	mandenons)				
					Yes	No						
(A)												
(B)												
	_											
(C)												
(D)]						
						ļ <u>-</u> -						
(E)												
					ļ	 		·				
Tota	al .		Į.		I .	F .	I	1				

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						
	ndar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,747,894	1,287,846	1,056,935	3,224,131	2,568,539	9,885,345
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	1,747,894	1,287,846	1,056,935	3,224,131	2,568,539	9,885,345
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)						1,917,114
6	Public support. Subtract line 5 from line 4	L					7,968,231
	tion B. Total Support		#1.0040	() 2242	- (I) 0044	(1) 0045	(0.75 tvl
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1,747,894	1,287,846	1,056,935	3,224,131	2,568,539	9,885,345
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	49,723	72,648	60,877	92,506	70,396	346,150
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	46,990	84,733
11	Total support. Add lines 7 through 10						10,317,218
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first	t, second, third, fo	urth, or fifth tax yea	ar as a section 501	(c)(3)	. —
	organization, check this box and stop her						
	tion C. Computation of Public St	 					
14	Public support percentage for 2015 (line 6			ın (f))		14	77.23%
15	Public support percentage from 2014 Sch					15	75.95 %
16a	33 1/3% support test—2015. If the organ				33 1/3% or more, o	heck this	⊾ 🔂
	box and stop here. The organization qual						► X
b	33 1/3% support test—2014. If the organ				5 is 33 1/3% or me	ore,	▶ □
	check this box and stop here. The organi			=			
17a		_					
	10% or more, and if the organization mee						
	Part VI how the organization meets the "fa	acts-and-circumsta	nces" test. The or	ganization qualifies	as a publicly supp	oorted	
	organization	4.4.16.11			N= 40k ==47=	al lum a	▶ [_
b	10%-facts-and-circumstances test—20	•					
	15 is 10% or more, and if the organization				•		
	Explain in Part VI how the organization me	eets the "facts-and	-cırcumstances" te	est The organization	on qualifies as a pi	lolicly	▶ ┌─
40	supported organization	al mark alba - 1; - 1;		h 170 or 17h -h-	ali thia hay and		
18	Private foundation. If the organization di	a not check a box	on line 13, 16a, 16	op, 1/a, or 1/b, che	CK this dox and se	æ	
	instructions						-

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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	1					
	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				<u></u>		
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						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	(ine 6.)			<u> </u>	<u> </u>	<u> </u>	
	tion B. Total Support	() 2011		1 1 2 2 2 2	1 (1) 0044	1 1 2045	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	<u> </u>	<u></u>		 	 	 -
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b				 		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)				<u> </u>	<u> </u>	
14	First five years. If the Form 990 is for the	_	t, second, third, fo	ourth, or fifth tax ye	ear as a section 50	1(c)(3)	. —
	organization, check this box and stop her						
_	tion C. Computation of Public Su						
15	Public support percentage for 2015 (line 8		•	nn (f))		15	%
16 Soc	Public support percentage from 2014 Sch					16	%_
	tion D. Computation of Investme			2 (C)		1 2= 1	0/
17	Investment income percentage for 2015 (I		·	3, column (f))		17	<u> %</u>
18	Investment income percentage from 2014			- 44 - 11 - 4=		18 <u>18 </u>	%
19a	33 1/3% support tests—2015. If the orga						
L	17 is not more than 33 1/3%, check this be	•	-				
Ь	33 1/3% support tests—2014. If the orga						▶ □
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization did		=				

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

Sect	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and completion A. All Supporting Organizations	ele Part V.	_	
	non 71, 711 oupporting organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		103	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1 1]
— 2—	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		ļ
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(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			
	organization made the determination.	3b	_	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	_4b	_	<u></u>
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	1		
	by one or more of its supported organizations, or (III) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		ļ
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			1
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		ļ
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			1
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		<u> </u>
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		ļ
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			1
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
_	supporting organizations)? If "Yes," answer 10b below.	10a		<u> </u>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			1
	determine whether the organization had excess business holdings.)	10b	l	1

Pa	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)	1	ł	
		11a	1	
b		11b		
~	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	11c		
Sect	ion B. Type I Supporting Organizations	110		
<u>oect</u>	ion b. Type I oupporting Organizations	— т	· · · · · ·	
	5 .1		Yes	No
_1	Did the directors, trustees, or membership of one or more supported organizations have the power to	- 1	1	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	- 1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	- 1	1	
	controlled the organization's activities. If the organization had more than one supported organization,	- 1	- 1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	- 1	
	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	- 1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	- 1		
	supervised, or controlled the supporting organization	2	1	
Sect	ion C. Type II Supporting Organizations			
<u> </u>	on o. Type it oupporting organizations			No
	Management of the assessment of the desired of the desired of the desired of the desired of		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	- 1	1	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	- 1		
	or management of the supporting organization was vested in the same persons that controlled or managed		1	
	the supported organization(s)	_1_		
<u>Sect</u>	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	1		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the	1]	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
-		- 1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1	
	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	1	1	
	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	1	1	
	supported organizations played in this regard.	3_		
Sect	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	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	ne)		
U	- 110 organization supported a governmental entity. Describe in Fair Vi now you supported a government entity (see institution			
	Notivities Test. Anguar (a) and (b) helew	1	Yes	No
	Activities Test. Answer (a) and (b) below.		res	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	- 1	1	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	- 1	-	
	how the organization was responsive to those supported organizations, and how the organization determined	- 1	. 1	
	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	1	, 1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		. 1	
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		
	activities but for the organization's involvement	2b	, 1	
•	Parent of Supported Organizations. Answer (a) and (b) below.			
3	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	1		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2	1	
	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		L

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations									
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No									
other Type III non-functionally integrated supporting organizations must complete Section									
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)						
1 Net short-term capital gain									
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									
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)									
7 Other expenses (see instructions)		<u> </u>							
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)							
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								
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-integrate		III supporting organization	(see						
instructions)	71								

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

instructions)

Breakdown of line 7:

c Excess from 2013
 d Excess from 2014
 e Excess from 2015

and 4c.

Excess distributions carryover to 2016. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2015 WOOD RIVER LAND TRUST CO.

82-0474191

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME

\$

37,743

SCHEDULE D . (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 2015 Open to Public Inspection

lame	of the organization		Employer id	dentification number
W	OOD RIVER LAND TRUST CO.		82-04	174191
	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on I	nds or Other Similar Funds of Form 990, Part IV, line 6		
		(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)	<u></u>		
4	Aggregate value at end of year	L		
5	Did the organization inform all donors and donor advisors in writing that			
	funds are the organization's property, subject to the organization's exc	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 don	or advisor, or for any other purpose		Π. Π.
	conferring impermissible private benefit?			Yes No
# #	Conservation Easements. Complete if the organization answered "Yes" on	Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check	all that apply).		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically	important land	area
	Protection of natural habitat	Preservation of a certified his	storic structure	
	X Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a co		
	easement on the last day of the tax year		 	Held at the End of the Tax Year
a	Total number of conservation easements		2a	50 11,613.00
þ	,		2b	0
C	Number of conservation easements on a certified historic structure inc	• •	2c	
a	Number of conservation easements included in (c) acquired after 8/17.	706, and not on a	2d	0
,	historic structure listed in the National Register Number of conservation easements modified, transferred, released, ex	winguished or terminated by the orga		
3	tax year > 1	Attriguished, or terminated by the orga	mzation damig	, tile
4	Number of states where property subject to conservation easement is	located ▶ 1		
5	Does the organization have a written policy regarding the periodic mor			
•	violations, and enforcement of the conservation easements it holds?			X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling • 173	of violations, and enforcing conservati	on easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vic	plations, and enforcing conservation e	asements durii	ng the year
	▶ \$ 14,993			
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4))(B)(I)	X Yes No
_	and section 170(h)(4)(B)(ii)?	to un to revenue and evenues state	oment and	X Yes No
9	In Part XIII, describe how the organization reports conservation easen balance sheet, and include, if applicable, the text of the footnote to the			he
	organization's accounting for conservation easements	organization o infancial statements to		
Pa	art III Organizations Maintaining Collections of Art	. Historical Treasures, or Oth	ner Similar	Assets.
	Complete if the organization answered "Yes" on			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),			
	works of art, historical treasures, or other similar assets held for public			
	public service, provide, in Part XIII, the text of the footnote to its finance			
b	If the organization elected, as permitted under SFAS 116 (ASC 958),	•		
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in	turtherance of	
	public service, provide the following amounts relating to these items:			. ¢
	(i) Revenue included on Form 990, Part VIII, line 1			* \$. c
_	(ii) Assets included in Form 990, Part X	or other cimilar essets for Engaged	n provide the	ψ
2	If the organization received or held works of art, historical treasures, or		n, provide the	
_	following amounts required to be reported under SFAS 116 (ASC 958	Telaning to mese nems.		· ¢
a ,	Revenue included on Form 990, Part VIII, line 1			. ¢

(a) Cost or other basis

(investment)

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)

18,917,739

(b) Cost or other basis

445,495

933,467

28,925

Schedule D (Form 990) 2015

(d) Book value

19,363,234

20,027,948

657,301

7,413

depreciation

276,166

21,512

1a Land

b Buildings

d Equipmente Other

c Leasehold improvements

Description of property

Part VII	Investments—Other Securities.	- F 000 P-+ N/ h		ge_S
	Complete if the organization answered "Yes" o			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial		 		
-	eld equity interests	 		
(3) Other	ora oquity interests			
(A)		\		
== <u>`(</u> B)=			 	
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12)▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, II	ne 11c. See Form 990, Part X, line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			+	
(8)				
(9)	(b) much and Fam 000 Bod V and (D) has 40 \			
Part IX	in (b) must equal Form 990, Part X, col. (B) line 13) ▶ Other Assets.			
rait ix	Complete if the organization answered "Yes" of	on Form 990 Part IV li	ne 11d See Form 990 Part X line 15	
	(a) Description	5111 01111 550, 1 art 14, 11	(b) Book value	
(1)	(4) 000014001			
(2)				
(3)				
(4)				
(5)	· · · · · · · · · · · · · · · · · · ·			
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,	
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federa	I income taxes			
(2)				
(3)				
(4)				
(5)				
(6)	·		_	
(7)			_	
(8)				
(9)			_	
	nn (b) must equal Form 990, Part X, col. (B) line 25)			
2 Liability fo	r uncertain tax positions. In Part XIII, provide the text of the	footnote to the organization'	s financial statements that reports the	

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

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

PART II, LINE 9 - ACCOUNTING FOR CONSERVATION EASEMENTS

THE WOOD RIVER LAND TRUST HAS ADOPTED THE POLICY 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 XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER \$ 46,581 BOOK/TAX DEPRECIATION DIFFERENCE

Schedule D (Form 990) 2015 WOOD RIVER LAND TRUST CO.

82-0474191

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE M . (Form 990)

Noncash Contributions

OMB No 1545-0047 2015

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 I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining			
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amou	unts		
1	Art — Works of art							
2	Art — Historical treasures						_	
3	Art Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation	Į.						
	contribution — Historic	[
	structures			<u></u>	<u> </u>			
14	Qualified conservation	ļ						
	contribution — Other	X	3	1,115,000				
15	Real estate — Residential	<u> </u>						
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory				<u> </u>			
20	Drugs and medical supplies		ļ	ļ				
21	Taxidermy			<u> </u>				
22	Historical artifacts			<u> </u>				
23	Scientific specimens			<u> </u>				
24	Archeological artifacts							
25	Other ►(·						
26	Other ►(·	 	ļ				
27	Other ►(·		<u> </u>				
28	Other ►(<u> </u>	L	l				
29	Number of Forms 8283 received by							
	which the organization completed F	orm 8283,	Part IV, Donee Acknowl	edgement	29			
							Yes	No
30a	During the year, did the organization							ĺ
	28, that it must hold for at least thre			contribution, and which is n	ot required	20-		v
•	to be used for exempt purposes for		nolding period?			30a		X
	If "Yes," describe the arrangement							ĺ
31	Does the organization have a gift ac	ceptance	policy that requires the re	eview of any non-standard		24		x
22-	contributions?			4	annah.	31		
32a	Does the organization hire or use the	iiro parties	or related organizations	to solicit, process, or sell n	ioncasn	222		x
h	contributions?					32a	 	<u> </u>
	If "Yes," describe in Part II	amount in	column (a) for a time =f	property for which column	(a) is checked			
33	If the organization did not report an	amount in	column (c) for a type of	property for which column i	(a) is cliected,			İ
For D-	describe in Part II	ctions for Ear			Sahar	dule M (Fr	0rm 901	1) (2015)

Schedule M (Form 990) (2015)

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 2015

Department of the Treasury Internal Revenue Service Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

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

Employer identification number

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. SEE ATTACHED NARRATIVE FOR FURTHER DETAIL

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

Name of the organization

Employer identification number

WOOD RIVER LAND TRUST CO.

82-0474191

THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD. THAT COMMITTEE CONSISTS OF THE CHAIR, TREASURER, SECRETARY AND IMMEDIATE PAST CHAIR 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 - OTHER CHANGES IN NET ASSETS EXPLANATION

BOOK/TAX DEPRECIATION DIFFERENCE \$ 46,581

TOTAL \$ 46,581

799303 11/11/2016 10 22 AM	10 22 AM						
SCHEDULE R		anizations and Unrelated Partnerships	d Unrelated F	artnerships			OMB No 1545-0047
	V Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.	on answered "Yes" on Form 90 ▶ Attach to Form 990.	on Form 990, Part I Form 990.	V, line 33, 34, 35b,	36, or 37.		AU I U
Department of the Treasury Internal Revenue Service	e Treasury Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	dule R (Form 990) an	d its instructions i	s at www.irs.gov/f	orm990.		Inspection
Name of the organization	inization WOOD RIVER LAND TRUST CO.					Employer identificatio 82-0474191	Employer identification number 82-0474191
Parti	f Disregarded Entities	rganization answ	ered "Yes" on Fo	orm 990, Part IV	, line 33		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(state Tot		(e) End-of-year assets	(f) Direct controlling entity
(1)							
(2)							
(3)							
(4)			:				
(5)						-	
Part	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.	complete if the org tax vear.	ganization answe	ered "Yes" on Fo	orm 990, Part IV,	line 34 because	e it had
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No
(1) THE BU. P.O. BO. HAILEY	BUILDING MATERIALS THRIFT STORE . BOX 909 .IEY ID 83333	SUP ORG	QI	50103	11D	A/A	×
(2)							
(3)							
(4)							
(5)							
For Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Sched	Schedule R (Form 990) 2015

Page 2		(k) Percéntage ownership						(t) Section 512(b)(13) controlled entity?	٤					Schedule R (Form 990) 2015
•								Ser 512(cont	Yes					066 m
	7	(J) - General or managing partner?					, ₹	e d						R (For
	Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 ∣as a partnership during the tax year.	-					Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV treated as a corporation or trust during the tax year.	(h) Percentage ownership						dule F
	t	(1) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)					066 1	ď °						Sche
	, Par	Code amouni of Sch (Forr					Form	ş						
	060 ∟ -	o ate					٥ 	(g) Share of end-of-year assets						
	Forn	(h) Disproportionate alloc ?						She She						
	uo "	- of-					ered							
	 ,≺es	(g) Share of end-of- year assets	:				answ							
	ered	Share					tion ;	(f) Share of total income						
	answ	,					anıza e tax	Sha						
	tion	total					org of the	₹ 6	H					-
	anıza year.	(f) Share of total Income					of the	(e) Type of entity (C corp, S corp, or trust)						
	e org	3,					plete trust	φ, Ω,						
	Partnership Complete if the organize as a partnership during the tax year.	ant ated, d, rrom er					Com	gullo						
91	plete durin	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)					r ust (oratio	(d) Direct controlling entity						
1741	Com ship	ex ext					or Ti	Dire						
82-0474191	i hip (rtner:	olling					tion as a	<u>ح</u> و						
8	i ners a pa	(d) Direct controlling entity					pora	(c) Legal domicile (state or foreign country)						
	_ 73						Cor s trea	Lega (s foreig				<u> </u>		
	Identification of Related Organizations Taxable as a I because it had one or more related organizations treated	(c) Legal domicile (state or foreign					Identification of Related Organizations Taxable as a line 34 because it had one or more related organizations	>						
إ	able ons t	ivity					able aniza	(b) Primary activity						
ပ မ	Tax izatio	(b) Primary activity					Tax d org	Primar						
RUS	t ions orgar	<u> </u>		,			i ons elate							-
LAND TRUST	nizat ted c						nizat ore re							
F)rga : rela						Srga or mo							
VER	ted (more						ted (nzation						
Z Z	Rela e or	jo Z					Rela i had	əd orgar						
WOOD RIVER	n of l Id on	and Ell					n of l ise it	of relate						
15	a tio rt ha	(a) Name, address, and EIN of related organization					ation ecau	(a) and EIN						
90) 20	ntific ause	Name, e relat					ntific 34 b	dress, 8						
Schedule R (Form 990) 2015	pec pec						ine line	(a) Name, address, and EIN of related organization						
R (F								Z						
edule	Part III						Part IV							
Sch	<u> </u>		E	<u>(2)</u>	<u>(6)</u>	(4)	<u>o</u>			E	(3)	<u>6</u>	4	A A

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Schedule R (Form 990) 2015 WOOD RIVER LAND TRUST CO.

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

82-0474191

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

Page 4

(k) Percentage ownership General or Yes No . 3 managing partner? amount in box 20 of Schedule K-1 (i) Code V—UBI (Form 1065) (h)
Disproportionate
allocations? Yes (g) Share of end-of-year assets (f) Share of total income or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships (e) Are all partners section organizations? Yes No 501(c)(3) (state or unrelated, excluded foreign from tax under country) sections 512-514) (d) Predominant income (related, (c) Legal domicile Primary activity Name, address, and EIN of entity 5 4 E (e) € 8 3 (2) 9 8 6)

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015 WOOD RIVER LAND TRUST CO.

82-0474191

Page 5

Part VII Supplemental Information

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