Form **991**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

А	FOI LITE	2014 calendar year, or tax year beginning	anu	enaing	_									
В	Check if applicabl	C Name of organization			D Employer iden	tification num	ber							
	Addre chang													
	Name chang	Doing business as			91-1	465078								
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone num	ber								
	Final			1100111,00110	1	379-9501								
	termin ated	City or town, state or province, country, and	7IP or foreign postal code		G Gross receipts \$		2,505,894.							
Г	Amen		ZIF or loreign postar code		-	o roturo	2,303,031.							
F	return Applic tion	·	I CDVEWR		H(a) Is this a grou		Yes X No							
	Ition pendir	F Name and address of principal officer: SARAI	1 SPACIN		for subordina									
_			4047()(4)		H(b) Are all subordinat									
		7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		or 527	- 1 ′	n a list. (see ins	•							
		e: WWW.SAVELAND.ORG		- I	H(c) Group exemp	1	-							
			sociation Other	L Year	of formation: 1989	M State of lega	al domicile: WA							
P	art I	Summary												
ø	1	Briefly describe the organization's mission or most		G WITH TH	HE COMMUNITY TO									
Governance		PRESERVE OPEN SPACE, WORKING LANDS, A												
ž	2	Check this box 🕨 📖 if the organization disco	neck this box F if the organization discontinued its operations or disposed of more than 25% of its net assets.											
ŏ	3	Number of voting members of the governing body	(Part VI, line 1a)			3	11							
<u>ب</u>	4	Number of independent voting members of the go	verning body (Part VI, line 1b)			4	11							
es 6	5	Total number of individuals employed in calendar y	ear 2014 (Part V, line 2a)			5	9							
ξĖ		Total number of volunteers (estimate if necessary)				6	220							
Activities &		Total unrelated business revenue from Part VIII, co				7a	0.							
۹		Net unrelated business taxable income from Form				7b	0.							
			,		Prior Year	Curre	ent Year							
σ.	8	Contributions and grants (Part VIII, line 1h)			1,910,77	5.	2,205,812.							
ž	9				33,34	_	15,875.							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4			12,04		50,878.							
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			-16,65		-15,581.							
		Total revenue - add lines 8 through 11 (must equal			1,939,50		2,256,984.							
		Grants and similar amounts paid (Part IX, column (, ,	0.	0.							
		Benefits paid to or for members (Part IX, column (A				0.	0.							
'n	1	Salaries, other compensation, employee benefits (316,76	2.	429,767.							
ses	160	Professional fundraising fees (Part IX, column (A),				0.	0.							
Expenses	h	Total fundraising expenses (Part IX, column (D), lin				<u> </u>								
Ä	1,5				1,168,79	6	1,630,058.							
		Other expenses (Part IX, column (A), lines 11a-11d			1,485,55		2,059,825.							
		Total expenses. Add lines 13-17 (must equal Part I			453,94	_	197,159.							
_ (19	Revenue less expenses. Subtract line 18 from line	12											
Net Assets or Find Balances				Be	ginning of Current Ye		of Year							
SSE	20			·····	3,095,87	_	3,316,998.							
et A	21	Total liabilities (Part X, line 26)			29,15		53,325.							
골	22	Net assets or fund balances. Subtract line 21 from	line 20		3,066,71	6.	3,263,673.							
	art II	Signature Block												
		Ities of perjury, I declare that I have examined this return,				f my knowledge a	and belief, it is							
true	e, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowledge.									
		Signature of officer			Doto									
Sig		,			Date									
He	re	ANN T. BAIER, DEPUTY DIRECTOR												
		Type or print name and title			Doto I	L I DTIN								
_		Print/Type preparer's name	Preparer's signature		Date Check if	PTIN								
Pai		JENNIFER BECKER HARRIS	JENNIFER BECKER HARRIS	0	7/20/15 self-em	ployed P00183								
	parer	Firm's name CLARK NUBER, PS	Firm's name CLARK NUBER, PS											
Use	Only	Firm's address > 10900 NE 4TH STREET, SUI	TE 1700											
		BELLEVUE, WA 98004			Phone no.4	25-454-4919								
Ма	y the II	RS discuss this return with the preparer shown abo	ove? (see instructions)			Х ү	es No							

JEFFERSON LAND TRUST Page 2 Form 990 (2014) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: HELPING THE COMMUNITY PRESERVE OPEN SPACE, WORKING LANDS, AND HABITAT FOREVER IN JEFFERSON COUNTY. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 1,829,897. including grants of \$ 4a (Code:) (Expenses \$) (Revenue \$ JEFFERSON LAND TRUST ("JLT") PRESERVES OPEN SPACE, WORKING LANDS AND HABITAT IN PERPETUITY. THIS OVERARCHING MISSION IS FULFILLED THROUGH THE ACQUISITION OF LAND AND CONSERVATION EASEMENTS, AS WELL AS COLLABORATIVE EFFORTS WITH OTHER ORGANIZATIONS. ALL OF OUR LAND ACQUISITIONS COME WITH THE OBLIGATION AND PROMISE TO STEWARD THE LAND FOREVER. STEWARDSHIP IS COMPRISED OF PERSISTENT MONITORING AND SAFEKEEPING OF ALL JLT PROPERTIES. ADDITIONALLY, IN THE EVENT THAT AN UNLAWFUL DISTURBANCE IS DISCOVERED ON A PIECE OF LAND, STEWARDSHIP DOCUMENTATION ALLOWS US TO TAKE LEGAL ACTION TO PRESERVE CONSERVATION VALUES. EDUCATION AND OUTREACH PROGRAMS ALLOW JLT TO SPREAD ITS MESSAGE THROUGHOUT THE COMMUNITY, AND OFFER OPPORTUNITIES FOR THE PUBLIC TO PARTAKE IN CONSERVATION EFFORTS. _____) (Revenue \$ (Code:) (Expenses \$ including grants of \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$

4d	Other program services (Describe in S	Schedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	1,829,897.		
				Form 990 (201
3200 1-07	¹² -14			

Form 990 (2014) JEFFERSON LAND TRU
Part IV Checklist of Required Schedules JEFFERSON LAND TRUST 91-1465078 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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		х
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	Х	
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
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		Х
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	Х	
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	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		Х
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		Х
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	l		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			,,
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	v	
	Schedule D, Parts XI and XII	12a	Х	
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	105		х
40	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 Did the organization maintain an office, employees, or agents outside of the United States?	13		X
14a	Did the organization maintain an office, employees, or agents outside of the Onlited States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u> </u>
D	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	1-10		
	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	17		x
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	х	
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? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014) JEFFERSON LAND TRUST 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 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23		х
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		х
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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
	Hote. All Form 990 liles are required to complete ouriedule O	1 30		

Form **990** (2014)

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Form 990 (2014) | Part V | Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	,		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2a	,		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	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 (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		├─
h		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the area of a constitution and to a section the distribution and an extinution (0000)	9a		
h	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	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		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		

Pai	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia		
		12a	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
		120	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-		
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		.,,	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			

Form **990** (2014)

ANN BAIER - 360-379-9501

1033 LAWRENCE STREET, PORT TOWNSEND, WA 98368

Form 990 (2014) JEFFERSON LAND TRUST 91-1465078 Page **7**

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per	box	Position do not check more th ox, unless person is l fficer and a director/t				one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated Employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) STEVE MOORE	6.00									
BOARD PRESIDENT	0.00	Х		Х				0.	0.	0.
(2) JOANNE TYLER	11.00	_								
BOARD VICE PRESIDENT	0.00	Х		Х				0.	0.	0.
(3) MICHAEL MACHETTE	4.00									
BOARD TREASURER	0.00	Х		Х				0.	0.	0.
(4) KATHRYN LAMKA	11.00									
BOARD SECRETARY	0.00	Х		Х				0.	0.	0.
(5) GLENDA HULTMAN	4.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(6) GARY KEISTER	2.50							_	_	_
BOARD MEMBER	0.00	Х						0.	0.	0.
(7) BRIE VAN CLEVE	1.00	ł								
BOARD MEMBER	0.00	Х						0.	0.	0.
(8) HEIDA DIEFENDERFER	5.00	ł								
BOARD MEMBER	0.00	Х						0.	0.	0.
(9) DEBBIE WARDROP	10.00	١								
BOARD MEMBER	0.00	Х						0.	0.	0.
(10) DAVID REID	2.00								0	0
BOARD MEMBER (11) BETHANY AXTMAN	0.00 3.00	Х						0.	0.	0.
BOARD MEMBER	0.00	x						0.	0.	0
(12) SARAH SPAETH	40.00	^						0.	0.	0.
EXECUTIVE DIRECTOR	0.00	1		х				80,381.	0.	0.
(13) ANN BAIER	40.00			^				00,301.	0.	· ·
DEPUTY DIRECTOR	0.00	1		x				52,205.	0.	0.
DEFOTE DERECTOR	0.00			Δ.				32,203.	0.	<u> </u>
		ł								
		1								
-				\vdash						
		1								
-										
		1								
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(D)

(C)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(B)

(A)

	Name and title	Average hours per week Average (do not check more than one box, unless person is both an officer and a director/trustee)					than	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other					
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		comp fro orga and	pensa om the anizati I relate nizatio	e on ed		
7							0.	1								
	Total (add lines 1b and 1c)								132,586.		0.					
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed al	bov	e) wł	no re	eceived more than \$100	0,000 of reportable				0		
													Yes	No		
3	Did the organization list any former officer,													v		
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su										· -	3		Х		
7	and related organizations greater than \$15											4		X		
5	Did any person listed on line 1a receive or a															
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son .					5		X		
	tion B. Independent Contractors															
1	Complete this table for your five highest co the organization. Report compensation for										nsat	ion t	rom			
	(A)	trie caleridar y	ear	enui	ng v	VILII	OI W	111111	(B)	year.		(C	3			
	Name and business	address	NO	NE					Description of s	services	Cor	mper	<i>,</i> nsation	า		
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot li	mite	d to		se li:	stec	d above) who received n	nore than						
432008		-									Fo	orm (990 (2	2014)		

(F)

(E)

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Form 990 (2014) JEFFERSON L
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e 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
ıts I	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
s, G		Fundraising events		78,490.				
ar /		Related organizations						
s, (Government grants (contributi		44,445.				
riol		All other contributions, gifts, grant	· -					
다.		similar amounts not included abov		2,082,877.				
g d	g	Noncash contributions included in lines		1,462,939.				
a S		Total. Add lines 1a-1f			2,205,812.			
				Business Code				
e l	2 a	EDUCATIONAL SEMINARS		611600	10,717.	10,717.		
اه کِّز	b	STEWARDSHIP		900099	5,158.	5,158.		
Program Service Revenue	С							
eve	d							
og R	е							
ᇫ	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			15,875.			
	3	Investment income (including						
		other similar amounts)		▶ L	10,589.			10,589.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	164,234	. 74,416.				
	b	Less: cost or other basis		1 1				
		and sales expenses	165,314	· ·				
	С	Gain or (loss)	-1,080	. 41,369.				
	d	Net gain or (loss)			40,289.			40,289.
anı	8 a	Gross income from fundraising	•	1 1				
enr		including \$ 78	<u>,490</u> of	1 1				
Other Rever		contributions reported on line	1c). See	1 1				
ē		Part IV, line 18						
₩		Less: direct expenses		50,549.				
		Net income or (loss) from fund	-	>	-15,581.			-15,581.
	9 a	Gross income from gaming ac		1 1				
		Part IV, line 19		·				
		Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less		1 1				
		and allowances						
		Less: cost of goods sold		$\overline{}$				
	С	Net income or (loss) from sales						
		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							
	C							
		All other revenue						
		Total. Add lines 11a-11d			2 256 221	15 055		25 005
	12	Total revenue. See instructions.		▶	2,256,984.	15,875.	0.	35,297.

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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 respon				
	t include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees	132,586.	73,337.	45,991.	13,258.
	Compensation not included above, to disqualified				
р	persons (as defined under section 4958(f)(1)) and				
р	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	235,731.	174,629.	27,689.	33,413.
8 P	Pension plan accruals and contributions (include				
S	ection 401(k) and 403(b) employer contributions)				
9 (Other employee benefits	29,367.	22,053.	3,030.	4,284.
	Payroll taxes	32,083.	21,816.	6,096.	4,171.
	ees for services (non-employees):				
a N	Management				
	_egal	7,800.	7,800.		
	Accounting	33,065.	22,545.	6,246.	4,274.
	_obbying				
	Professional fundraising services. See Part IV, line 17 $ig[$				
f li	nvestment management fees	1,520.			1,520.
g (Other. (If line 11g amount exceeds 10% of line 25,				
C	olumn (A) amount, list line 11g expenses on Sch O.)	108,480.	64,759.	8,136.	35,585.
12 /	Advertising and promotion	17,508.	12,730.		4,778.
13	Office expenses	14,416.	10,585.	1,194.	2,637.
14 li	nformation technology	927.	463.		464.
	Royalties				
16 (Decupancy	39,920.	28,823.	6,356.	4,741.
17 T	ravel				
18 F	Payments of travel or entertainment expenses				
f	or any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,995.	2,866.	3,989.	140.
	nterest				
21 F	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,760.	1,877.	524.	359.
23 li	nsurance				
a 2	Other expenses. Itemize expenses not covered bove. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
	I/D OF CONSERV. EASEMNT	1,303,002.	1,297,249.	5,753.	
	AND AND EASEMENT EXP.	77,052.	77,052.	, ,	
c I	DUES AND SUBSCRIPTIONS	14,297.	9,734.	2,708.	1,855.
d _		•	,	,	•
_	All other expenses	2,316.	1,579.	725.	12.
	Total functional expenses. Add lines 1 through 24e	2,059,825.	1,829,897.	118,437.	111,491.
	loint costs. Complete this line only if the organization				•
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2014) Part X Balance Sheet

Pal	ΛJ	Balance Sneet					
		Check if Schedule O contains a response or not	te to ar	ny line in this Part X		······	
					(A) Beginning of year		(B) End of year
	1	Cach non interest bearing			232.	1	152.
	2	Cash - non-interest-bearing			871,717.	2	859,684.
	3				481,489.	3	451,123.
	4	Pledges and grants receivable, net Accounts receivable, net			8,250.	4	35,174.
	5	Loans and other receivables from current and for	0,200.	7	00,171,		
		trustees, key employees, and highest compensations					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of section					
S		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net			74,846.	7	71,008.
As	8	Inventories for sale or use			,	8	,
	9	Prepaid expenses and deferred charges			2,689.	9	4,555.
		Land, buildings, and equipment: cost or other	Ι		_,	J	_,==-,
	104	basis. Complete Part VI of Schedule D	10a	1 773 617.			
	h	Less: accumulated depreciation		21,154.	1,618,148.	10c	1,752,463.
	11	Investments - publicly traded securities		· ' +	38,502.	11	142,839.
	12	Investments - other securities. See Part IV, line	7	12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ		3,095,873.	16	3,316,998.	
	17	Accounts payable and accrued expenses		21,904.	17	46,728.	
	18	Grants payable	,	18	·		
	19	Deferred revenue		7,253.	19	6,597.	
	20	Tax-exempt bond liabilities			·	20	·
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former					
ijΞ		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrela		l l		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
		Schedule D				25	
	26				29,157.	26	53,325.
		Organizations that follow SFAS 117 (ASC 958	3), che	ck here 🕨 🗓 and			
es		complete lines 27 through 29, and lines 33 an					
anc	27	Unrestricted net assets			2,444,118.	27	2,049,296.
Fund Balances	28	Temporarily restricted net assets	586,688.	28	1,169,898.		
pu	29				35,910.	29	44,479.
ß		Organizations that do not follow SFAS 117 (A	SC 95	8), check here			
ğ		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in		_	2 22 -1 -	32	2 222 222
_	33	Total net assets or fund balances			3,066,716.	33	3,263,673.
	34	Total liabilities and net assets/fund balances			3,095,873.	34	3,316,998.

Form **990** (2014)

Form 990 (2014) JEFFERSON LAND TRUST 91-1465078 Page **12** Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 2,256,984. 1 1 Total expenses (must equal Part IX, column (A), line 25) 2,059,825. 2 2 197,159. 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 3,066,716. 5 -202. Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 9 0. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 10 3,263,673. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII

			res	NO
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 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 Schedule O.			
За	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?	За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
	-	Form	990	(2014

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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

Open to Public Inspection

Name of the organization

JEFFERSON LAND TRUST

Employer identification number 91-1465078

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.	
he o	he organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)							
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E.)				
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(ii	ii).	
4		A medical research organiz					-	the hospital's name,
		city, and state:						•
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C				, ,		
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
7		An organization that norma	ū				• •	public described in
		section 170(b)(1)(A)(vi). (Co	•				3-	,
8	Х	A community trust describe		(1)(A)(vi). (Complete Par	† II.)			
9		An organization that norma			-	contribution	ons membership fees a	nd gross receipts from
_		activities related to its exem						
		income and unrelated busin						
		See section 509(a)(2). (Cor		(least coolier, or really in				a
10		An organization organized a	. ,	ively to test for public sa	afetv. See	section 50)9(a)(4).	
11		An organization organized a	•	•	•			purposes of one or
		more publicly supported or	•	•	•		•	
		lines 11a through 11d that						
а		Type I. A supporting orga	nization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must c	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	ving
		control or management o	f the supporting orga	anization vested in the s	same perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte			in connec	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	rated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	, and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi	zation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information	about the supporte	ed organization(s).				
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization in your	(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9 above or IRC section	governing	document?	support (see Instructions)	other support (see Instructions)
				(see instructions))	Yes	No	instructions)	instructions)
								_

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

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

Sec	tion A. Public Support						
Cale	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.")	997,741.	1,023,746.	1,774,904.	1,910,775.	2,205,812.	7,912,978.
2	Tax revenues levied for the organ-						
	ization'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	997,741.	1,023,746.	1,774,904.	1,910,775.	2,205,812.	7,912,978.
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)						1,846,636.
	Public support. Subtract line 5 from line 4.						6,066,342.
	tion B. Total Support					•	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	997,741.	1,023,746.	1,774,904.	1,910,775.	2,205,812.	7,912,978.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	12,188.	16,819.	9,289.	10,177.	10,589.	59,062.
	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						T 050 040
	Total support. Add lines 7 through 10		,				7,972,040.
	Gross receipts from related activities,	· · · · · · · · · · · · · · · · · · ·				12	94,708.
13	First five years. If the Form 990 is for	-	first, second, third	, fourth, or fifth tax	x year as a sectio	n 501(c)(3)	. —
800	organization, check this box and stop tion C. Computation of Publ		rcentage				P
				L (5)		44	76.10 %
	Public support percentage for 2014 (I					14	
	Public support percentage from 2013					15	
Ioa	33 1/3% support test - 2014. If the c						
L	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the condition support						S DOX
174	and stop here. The organization qual						P
	10% -facts-and-circumstances tes	_					
	and if the organization meets the "fact				-	-	
ا ــ	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes						
ผ		/u II IIIA OM	annzanon did nof Cf	icus a dox on iine.	10. 10a. 10b. Of	ira. anu iille 10 IS I	U70 UI
		_					
	more, and if the organization meets the organization meets the "facts-and-circ	ne "facts-and-circu	mstances" test, che	eck this box and s	top here. Explain	in Part VI how the	.

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.)

Se	ction A. Public Support	now, piedee com	proto r ure m.				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and		, ,	, ,			,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2010	(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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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 first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
	check this box and stop here						_
	ction C. Computation of Publi					1 1	
	Public support percentage for 2014 (li					15	<u>%</u>
	Public support percentage from 2013					16	<u>%</u>
	ction D. Computation of Inves					14-1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	% 17 is not
198	a 33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2013. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						······· [

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.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c 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.
- **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.
- **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.
- c 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.
- 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 <code>part VI</code>, 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- **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**.
- 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.
- c Did a disqualified person (as defined in line 9(a)) 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.
- 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 organizations)? If "Yes," answer (b) below.
 - **b** 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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
ъa		
5b		
5c		
6		
7		
8		
9a		
Jä		
9b		
0.0		
9с		
10a		
,		
10b		

Pa	rt IV Supporting Organizations (continued)			
	(Softlingsa)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		
	tion B. Type I Supporting Organizations			·
	71 11 0 0		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			110
-	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 <i>Part VI</i> 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			
	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		
Sec	etion C. Type II Supporting Organizations			<u> </u>
	Mon or type in cupper unity or gain-autone		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	140
•	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		
Sec	etion D. Type III Supporting Organizations			<u> </u>
	non pringpoint oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	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			
3	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 P_{art} V_I the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instruction	-1-		
a	The organization satisfied the Activities Test. Complete line 2 below.	is).		
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 in	nstructions	:)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	140
u	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		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Lu		
	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.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in <i>part VI</i> .	За		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		
		- 50		

Pa	rt V │ Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All					
	other Type III non-functionally integrated supporting organizations must cor	nplete	Sections A through E.			
0	to A Advanta d Not become		(A) Dulay Value	(B) Current Year		
Sect	ion A - Adjusted Net Income		(A) Prior 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				
Sect	ion 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				
е	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				
Sect	ion 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	/-integr	ated Type III supporting org	anization (see		
	instructions)					

Schedule A (Form 990 or 990-EZ) 2014

Par	Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ns		
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 organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion 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		F16-2014	Amount for 2014
2	Underdistributions, if any, for years prior to 2014			
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a	Excess distributions sarry ever, if any, to 2011.			
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	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:			
<u>a</u>				
b				
<u> </u>				
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

JE	91-1465078					
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.				
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor					
Special Rules						
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amour Z, line 1. Complete Parts I and II.	, or 16b, and that received from				
year, total contrib	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
year, contribution is checked, enter purpose. Do not o	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$					
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule En Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fort the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	, , , , , , , , , , , , , , , , , , , ,				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

91-1465078

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 781,973.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$ 73,733.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

91-1465078

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
	CONSERVATION EASEMENT					
1						
		\$\$557,250.	08/13/14			
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received			
Part I		(see instructions)	2410 / 0001/04			
	CONSERVATION EASEMENT					
2						
		\$	03/28/14			
(a)		(c)				
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received			
Part I		(see instructions)	Bateroonvou			
	PUBLICLY TRADED STOCK					
3						
		\$ 100,000.	12/31/14			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No.	/h)	(c)	(d)			
from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received			
	· ————	\$				

ame of orga			Employer identification numb			
Part III	EXAND TRUST Exclusively religious, charitable, etc., contribute, etc., contribute, etc., contribute, complete contributer. Complete contributer and part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	91–1465078 d in section 501(c)(7), (8), or (10) that total more than \$1,00 owing line entry. For organizations or less for the year. (Enter this info. once.) \$\frac{\text{91-1465078}}{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex{			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
- -		(e) Transfer of gif				
- - -	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
- - - -	Transferee's name, address, and	(e) Transfer of gif	ft Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfer of gift					
-	Transferee's name, address, and	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfer of gift					
-	Transferee's name, address, and		Relationship of transferor to transferee			

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2014

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

-	(see separate instructions), then				
	Section 501(c)(4), (5), or (6) organiza ne of organization	tions: Complete Part III.		Te.	nployer identification number
Nali	· ·	AND MDUGM			91-1465078
Da	rt I-A Complete if the ord	janization is exempt und	er section 501(c)	or is a section 52	
. u	TET A Complete it the org	jamzation io exempt and		or io a decition of	organization.
1	Provide a description of the organiz	ation's direct and indirect political	al campaign activities	in Part IV.	
	Political expenditures	· ·			▶\$
	Volunteer hours				
		janization is exempt und		• •	
	Enter the amount of any excise tax				
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?				Yes No
	If "Yes," describe in Part IV.	janization is exempt und	or postion 501/o	eveent section 5	11(0)(2)
		-			
	Enter the amount directly expended		•		^ \$
2	Enter the amount of the filing organ		-		
•	exempt function activities				^ \$
3	Total exempt function expenditures				Φ.
	line 17b				▶ \$ Yes No
	Did the filing organization file Form				
5	Enter the names, addresses and er made payments. For each organiza			~	• •
	contributions received that were pr	· ·	0 0		·
	political action committee (PAC). If				arato oogrogatoa rana or a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	m (e) Amount of political
	(a) Name	(5) / (44) 000	(0) 2	filing organization's	
				funds. If none, enter	
					delivered to a separate political organization.
					If none, enter -0
			+	+	

Part II-A Complete if the organization	on is exempt under section 501(c)(3) and file	ed Form 5768 (e	lection under
section 501(h)).			
A Check Figure if the filing organization belone	gs to an affiliated group (and list in Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share of exces	s lobbying expenditures).		
B Check 🕨 🔲 if the filing organization check	ed box A and "limited control" provisions apply.		
	oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pub	0.		
b Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	0.	
c Total lobbying expenditures (add lines 1a and	d 1b)	0.	
d Other exempt purpose expenditures	2,110,374.		
e Total exempt purpose expenditures (add line	2,110,374.		
f Lobbying nontaxable amount. Enter the amo	255,519.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% o	f line 1ft	63,880.	
h Subtract line 1g from line 1a. If zero or less, e	,	0.	
	enter -0- nter -0-	0.	
	er line 1h or line 1i, did the organization file Form 4720	••	
	in the fit of line 11, did the organization lie form 4720	Γ	Yes No
	4-Year Averaging Period Under section 501(h)		
(Some organizations that made	a section 501(h) election do not have to complete all on the senarate instructions for lines 2a through 2f \	of the five columns b	elow.

	Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total					
2a Lobbying nontaxable amount	168,900.	226,036.	227,794.	255,519.	878,249.					
b Lobbying ceiling amount (150% of line 2a, column(e))					1,317,374.					
c Total lobbying expenditures	500.	500.	35.	0.	1,035.					
d Grassroots nontaxable amount	42,225.	56,509.	56,949.	63,880.	219,563.					
e Grassroots ceiling amount (150% of line 2d, column (e))					329,345.					
f Grassroots lobbying expenditures	500.	500.	35.	0.	1,035.					

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 JEFFERSON LAND TRUST 91-1465078 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

(c)(5), or s		Amount
1 2		
1 2		
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1 2		
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1 2		
1 2		
1 2		
1 2		
2	Yes	
2		No
	1	
	3	
(c)(5), or s		l: 0 :-
OR (b) Pa	Part III-A	, line 3, is
1	1	
······		
2a	2a	
I		
	3	
4	4	
5	5	
rt II-A, lines 1	s 1 and 2 (s	ee
		2a 2b 2c 3 4 5

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

JEFFERSON LAND TRUST

Employer identification number 91-1465078

Pai	rt I	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Ac	ccounts.Com	olete if the	
		organization answered "Yes" to Form 990, Part IV, line					
			(a) Donor advised funds	(b) Funds and oth	er accounts	
1	Total	number at end of year					
2	Aggre	gate value of contributions to (during year)					
3	Aggre	gate value of grants from (during year)					
4	Aggre	gate value at end of year					
5	Did th	e organization inform all donors and donor advisors in v	vriting that the assets held in donor advise	ed fund	ds		
	are th	e organization's property, subject to the organization's	exclusive legal control?			Yes	No
6	Did th	e organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used or	nly		
	for ch	aritable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferri	ring		
	imper	missible private benefit?				Yes	No_
Pai	t II	Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, P	art IV, li	ine 7.		
1	Purpo	se(s) of conservation easements held by the organization	on (check all that apply).				
	Х	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histo	rically i	important land a	rea	
	X	Protection of natural habitat	Preservation of a certi	fied his	storic structure		
	Х	Preservation of open space					
2	Comp	lete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a cor	nservation easer	nent on the las	st
	day o	f the tax year.		_			
					Held at the	End of the Tax	Year
а	Total	number of conservation easements			2a	5	4
b	Total	acreage restricted by conservation easements			2b	2,688.0	0
С	Numb	er of conservation easements on a certified historic stru	ucture included in (a)		2c		0
d	Numb	er of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structu	ıre			
	listed	in the National Register			2d		0
3		er of conservation easements modified, transferred, rel		organi	ization during the	tax	
	year	<u> </u>					
4	Numb	er of states where property subject to conservation eas	sement is located 1				
5	Does	the organization have a written policy regarding the per	iodic monitoring, inspection, handling of				_
	violati	ons, and enforcement of the conservation easements it	holds?		x	Yes	No
6	Staff	and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	uring th	ne year ▶	900	
7	Amou	nt of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during	the yea	ar ▶ \$	40,000.	
8	Does	each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B))(i)		_
	and s	ection 170(h)(4)(B)(ii)?			L	Yes	No
9	In Par	t XIII, describe how the organization reports conservation	on easements in its revenue and expense	statem	nent, and balanc	e sheet, and	
	includ	e, if applicable, the text of the footnote to the organizat	ion's financial statements that describes t	the orga	anization's acco	unting for	
	conse	ervation easements.					
Pai	rt III	Organizations Maintaining Collections of	f Art, Historical Treasures, or Of	ther S	Similar Asset	s.	
		Complete if the organization answered "Yes" to Form	990, Part IV, line 8.				
1a		organization elected, as permitted under SFAS 116 (AS	•			•	
	histor	ical treasures, or other similar assets held for public exh	ibition, education, or research in furtherar	nce of p	public service, p	ovide, in Part	XIII,
	the te	xt of the footnote to its financial statements that descri	bes these items.				
b	If the	organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and ba	alance sheet wo	ks of art, histo	orical
	treasu	ires, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pub	olic serv	vice, provide the	following amo	ounts
		g to these items:					
	(i) R	evenue included in Form 990, Part VIII, line 1					
	(ii) A	ssets included in Form 990, Part X			> \$		
2	If the	organization received or held works of art, historical trea	asures, or other similar assets for financial	gain, p	orovide		
		llowing amounts required to be reported under SFAS 1					
а	Rever	nue included in Form 990, Part VIII, line 1			> \$		
b	Asset	s included in Form 990, Part X			> \$		

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,745,331.		1,745,331.
b Buildings				
c Leasehold improvements				
d Equipment		28,286.	21,154.	7,132.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	1,752,463.			

Schedule D (Form 990) 2014

Part VII	Investments - Other Securities.			
(a) Docorin	Complete if the organization answered "Yes" tion of security or category (including name of security)			
		(b) Book value	(c) Method of Valuation:	Cost or end-of-year market value
	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
	Complete if the organization answered "Yes"	to Form 990 Part IV	line 11c. See Form 990. Part X. lin	ne 13
	(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)		. ,	, ,	•
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"		, line 11d. See Form 990, Part X, lir	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) T -1-1-(0-4)	was the second forms one Double Vand (D) line	- 15\		
Part X	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	9 15.)		>
I alt X	Complete if the organization answered "Yes"	to Form 000 Part IV	line 11e or 11f See Form 990 Pa	rt V line 25
-	(a) Description of liability	to rollinggo, Fait IV	(b) Book value	it A, iii e 23.
(1) Fed	leral income taxes		(D) Doon value	
(2)	lerai il icome taxes			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line	e 25.)		
	for uncertain tax positions. In Part XIII, provide		ote to the organization's financial	statements that reports the
-	ation's liability for uncertain tax positions under		_	
	,	, , , , , , ,		

Par	t XI Reconciliation of Revenue per Audited Financial State	tements With R	evenue per R	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,292,760
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-202.		
b	Donated services and use of facilities	2b	2,931.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	2,729
3	Subtract line 2e from line 1			3	2,290,031
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			
b	Other (Describe in Part XIII.)	4b	-33,047.		
С	Add lines 4a and 4b			4c	-33,047
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,256,984
Pai	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With I	Expenses per	Return.	ı
	Complete if the organization answered "Yes" to Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	2,095,803
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	2,931.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	2,931
3	Subtract line 2e from line 1			3	2,092,872
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			
b	Other (Describe in Part XIII.)		-33,047.		
	Add lines 4a and 4b	•	,	4c	-33,047
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			5	2,059,825
	rt XIII Supplemental Information.	<i>,</i>			, ,
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			4; Part X, I	ine 2; Part XI,
PART	PII, LINE 3:				
ONE	EASEMENT WAS MODIFIED TO INCREASE ACREAGE.				
PART	PII, LINE 5:				
JEFF	ERSON LAND TRUST HAS SEVERAL POLICIES THAT GUIDE STAFF AND	BOARD IN			
THE	MANAGEMENT OF CONSERVATION EASEMENTS. A, FUNDING STEWARDS	HIP FOR			
INDI	VIDUAL CONSERVATION EASEMENTS, CONCERNS THE ACCEPTANCE OF	RESTRICTED			
DONA	TIONS FOR STEWARDSHIP AND THE REQUIRED STEWARDSHIP FUNDING	FOR EACH			
EASE	EMENT. B, BASELINE REPORTING, C, MONITORING GUIDELINES, AN	D D,			
EASE	MENT ENFORCEMENT, DEFINE THE GUIDELINES AND REQUIREMENTS F	OR			
MONI	TORING, REPORTING, AND MAINTAINING THE CONSERVATION VALUES	OF THE			

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection Name of the organization **Employer identification number** JEFFERSON LAND TRUST 91-1465078

Part I Fundraising Activities required to complete this par	• Complete if the organization answert.	ered "\	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not		
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a								
or entity (fundraiser) (ii) Activity (iii) Activity		fund have o	Did raiser custody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
Total			. •					
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration		
	_					-		

Schedule G (Form 990 or 990-EZ) 2014 JEFFERSON LAND TRUST 91-1465078 Page Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 Page 2 of fundraising event contributions and gross income on Form 990-F7, lines 1 and 6b. List events with gross receipts greater than \$5,000

		or furidialsing everit contributions and gr		LE, III CO I alia ob. List	events with gross receip	no greater than 40,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			RAINFEST AUCTION			col. (c))
e e			(event type)	(event type)	(total number)	. "
Revenue	1	Gross receipts	113,458.			113,458.
	2	Less: Contributions	78,490.			78,490.
	3	Gross income (line 1 minus line 2)	34,968.			34,968.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs	1,954.			1,954.
Direct Expenses	7	Food and beverages	7,959.			7,959.
	8	Entertainment				
	9	Other direct expenses				40,636.
	10	Direct expense summary. Add lines 4 through			>	50,549.
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)		>	-15,581.
Pa	rt I		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	1 5 11		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	4	Grass royania				
	•	Gross revenue				
s	2	Cash prizes				
nse						
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
		,	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
•	F	tow the etata(a) in which the every instinct or a	uata gamina settuttise.			
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a		states?		Yes No
		No," explain:	ctivities in each of these	States?		. L res L NO
		ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax	year?	Yes No
a	11' "	Yes," explain:				

Sch	edule G (Form 990 or 990-EZ) 2014 JEFFERSON LAND TRUST	150/8		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	└── No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🗆	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	s If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	solutions I state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, line	nes 9	. 9b. 1	0b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		,	,,

Schedule (G (Form 990 or 990-EZ) Supplemental Infor	JEFFERSON LAND TRUST	91-1465078	Page 4
Part IV	Supplemental Infor	mation (continued)		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

JEFFERSON LAND TRUST

Attach to Form 990.

Name of the organization

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. **Employer identification number**

91-1465078

Pai	rt I Types of Property							
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	ts
1	Art - Works of art		literris contributed	Form 990, Fart VIII, line Tg				
2								
3	Art - Historical treasures							
4	Art - Fractional interests							
5	Books and publications							
	Clothing and household goods							
6 7	Cars and other vehicles							
	Boats and planes							
8	Intellectual property	x	5	124,983.	FAIR MARKET VALU	D		
9	Securities - Publicly traded			124,905.	FAIR MARKET VALO.	ь		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
40	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures	x	2	1 207 250	APPRAISAL			
14	Qualified conservation contribution - Other	^		1,297,250.	APPRAISAL			
15	Real estate - Residential							
16	Real estate - Commercial	x	1	9 000	AGGEGGED VALUE			
17	Real estate - Other	X	1	, , , , , , , , , , , , , , , , , , , ,	ASSESSED VALUE			
18	Collectibles	Δ	1	2,100.	SALES PRICE			
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		0.0	20.000	DATE MARKET WALL			
25	Other (AUCTION ITEMS)	X	99		FAIR MARKET VALU	E		
26	Other (MISCELLANEOUS)	X	/	638.	COST			
27	Other ()							
28	Other ()		<u> </u>					
29	Number of Forms 8283 received by the organi						0	
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			0	1
							Yes	No
30a	During the year, did the organization receive b	-						
	must hold for at least three years from the dat			· · · · · · · · · · · · · · · · · · ·				. v
	exempt purposes for the entire holding period	?				30a		Х
	If "Yes," describe the arrangement in Part II.				0		77	
31	Does the organization have a gift acceptance					31	Х	
32a	Does the organization hire or use third parties		•					_v
						32a		Х
	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) 1	or a type of prope	rty for which column (a) is ch	пескед,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)

Part II	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.
SCHEDULI	E M, PART I, COLUMN (B):
AUCTION	ITEMS ARE REPORTED AS THE NUMBER OF ITEMS RECEIVED, ALL OTHER
DONATION	NS ARE REPORTED AS THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► 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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

JEFFERSON LAND TRUST

Employer identification number 91-1465078

FORM 990, PART I, LINE 6: VOLUNTEERS
A VOLUNTEER LIST IS DEVELOPED BY EXAMINING A DONOR DATABASE COMPRISED
OF VOLUNTEERS, DONORS, AND KEY CONTACTS. THE VOLUNTEER LIST IS BASED ON
AN ESTIMATE OF THE AVERAGE NUMBER OF VOLUNTEERS FOR CURRENT ACTIVITIES
(E.G., RAINFEST AUCTION, CONSERVATION BREAKFAST, STEWARDSHIP, OUTREACH
EDUCATION, PLANTING AND RESTORATION ACTIVITIES, ETC.) OVER SEVERAL
YEARS. THE NUMBER OF HOURS PER VOLUNTEER OR, IN TOTAL, IS NOT RECORDED
IN THE DATABASE. THE BOARD MEMBERS HAVE PROVIDED AN ESTIMATE OF HIS/HER
VOLUNTEER HOURS THROUGH THE BOARD QUESTIONNAIRE. ACTIVITIES FOR OUR
VOLUNTEERS INCLUDE BOARD MEMBERS, COMMITTEE MEMBERS, EVENT VOLUNTEERS,
OUTREACH VOLUNTEERS, STEWARDSHIP VOLUNTEERS, AND IN OFFICE VOLUNTEERS.
FORM 990, PART VI, SECTION B, LINE 11:
THIS FORM 990 IS PREPARED BY A CERTIFIED PUBLIC ACCOUNTING FIRM AND
REVIEWED BY THE STAFF AND FINANCE COMMITTEE MEMBERS, MANY OF WHOM ARE BOARD
MEMBERS. UPON COMPLETION, IT IS DISTRIBUTED TO EACH BOARD MEMBER. THE BOARD
OF DIRECTORS RECEIVE THE FINAL FORM 990 BEFORE IT WAS SUBMITTED TO THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
OUR CONFLICT OF INTEREST POLICY REQUIRES ALL STAFF AND BOARD
MEMBERS TO READ THE POLICY AND COMPLETE A QUESTIONNAIRE AND DISCLOSURE
FORM. THIS IS DONE UPON JOINING THE ORGANIZATION AND THEN ANNUALLY
THEREAFTER. IN ADDITION, THE POLICY REQUIRES DISCLOSURE OF ANY POTENTIAL
CONFLICTS OF INTEREST AT THE EARLIEST POSSIBLE OPPORTUNITY. THE GOVERNANCE
COMMITTEE REVIEWS ANY CONFLICTS OF INTEREST AND DETERMINES WHETHER ONE
EXISTS. IF A CONFLICT OF INTEREST EXISTS THE BOARD MEMBER WILL REFRAIN

Name of the organization JEFFERSON LAND TRUST	Employer identification number 91-1465078
	71 1105070
FROM THE DISCUSSION AND VOTE ON THE MATTER.	
FORM 990, PART VI, SECTION B, LINE 15:	
STAFF COMPENSATION IS AN ELEMENT OF THE ANNUAL BUDGET THAT IS PROPOSED	
AFTER REVIEW OF COMPARABLE SALARIES IN THE FIELD. THE BUDGET IS REVIEWED	
AND RECOMMENDED ANNUALLY BY THE FINANCE COMMITTEE AND THEN APPROVED BY THE	
BOARD OF DIRECTORS. IF CIRCUMSTANCES CHANGE DURING THE YEAR, THE BOARD MAY	
RECONSIDER STAFF COMPENSATION, OR ANY OTHER PART OF THE BUDGET. ALL	
COMMITTEE AND BOARD DECISIONS ARE RECORDED IN THE RESPECTIVE MINUTES. THE	
EXECUTIVE DIRECTOR AND DEPUTY DIRECTOR SALARIES ARE REVIEWED	
AND COMPARED TO COMPARABLE INDEPENDENT DATA EACH YEAR. THE LAST	
COMPENSATION REVIEW OCCURRED IN DECEMBER 2014.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS	
INCLUDING THE FORM 990 ARE AVAILABLE UPON REQUEST AT OUR OFFICE AND ON OUR	
WEBSITE.	

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

91-1465078

Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	r Total inco	me End-of-year		(f) t controlling entity	g
		.c.o.g.r coay,					
JLT RESOURCES, LLC - 26-1237597							
P.O. BOX 535							
PORT TOWNSEND, WA 98368	CONSERVATION PROPERTY	WASHINGTON	74	19	8,341. JEFFERSON	LAND TRO	JST
Part II Identification of Related Tax-Exempt Or organizations during the tax year.	ganizations Complete if the organization	answered "Yes" on Form 990,	, Part IV, line 34 b	ecause it had one o	or more related tax-ex	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	harity Direct controlling		g) 512(b)(13) trolled tity?
orrolatou organization		loreigh country)	00011011	501(c)(3))	J. J	Yes	No
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JEFFERSON LAND TRUST

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	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.

Significance in cases as a particular point carryon.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year	r Disproportion		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managin	Percentage ownership
		foreign		excluded from tax under		assets			20 of Schedule	partiters	-
		country)		Sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
								<u> </u>			
								<u> </u>			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)		,				Yes	No
	-								
								 	
	-								
									<u> </u>
	-								

Page 3

Yes No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 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?

a 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)				. 1b	
c Gift, grant, or capital contribution from related organization(s)					
d Loans or loan guarantees to or for related organization(s)				1d	
e Loans or loan guarantees by related organization(s)					
f Dividends from related organization(s)				. 1f	
g Sale of assets to related organization(s)					
h Purchase of assets from related organization(s)				1h	
i Exchange of assets with related organization(s)				_ 1i	
j Lease of facilities, equipment, or other assets to related organization(s)				. 1j	
k Lease of facilities, equipment, or other assets from related organization(s)				. 1k	
I Performance of services or membership or fundraising solicitations for related or	ganization(s)			. 11	
m Performance of services or membership or fundraising solicitations by related or	ganization(s)			. 1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization					
Sharing of paid employees with related organization(s)				. 1o	
p Reimbursement paid to related organization(s) for expenses				. 1p	
q Reimbursement paid by related organization(s) for expenses				. 1q	\perp
r Other transfer of cash or property to related organization(s)				1r	
s Other transfer of cash or property from related organization(s)				. 1s	
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete t	his line, including covered rela	tionships and transaction thresholds.		
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount in	nvolved	
	type (a-s)				
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
432163 08-14-14			Schedule	R (Form 9	990) 2014

<u>Schedule R (Form 990) 2014</u> <u>JEFFERSON LAND TRUST</u> 91-1465078 Page **4**

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

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

(a)	(b)	(c)	(d)	(e) Are a)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are a partners	ıll 3 sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	(related, unrelated,	partners 501(c) orgs.)(3)	total	end-of-year	alloca	nate ations?	amount in box 20	managır	ownership
·		country)	sections 512-514)	Yes I		income	assets	Vac	No	(Form 1065)	Yes N	7
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Schedule R	(Form 990) 2014 JEFFERSON LAND TRUST	91-1465078	Page 5
Part VII	(Form 990) 2014 JEFFERSON LAND TRUST Supplemental Information		
	Provide additional information for responses to questions on Schedule R (see instructions).		
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