Form **990**

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury

A For the 2024 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change CAPITOL LAND TRUST Name change 91-1413484 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 360-943-3012 PO BOX 14065 4,818,433. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return Applica-tion pending TUMWATER, WA 98511 H(a) Is this a group return F Name and address of principal officer: BARB MORSON Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.CAPITOLLANDTRUST.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Other L Year of formation: 1987 M State of legal domicile; WA Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: LAND AND HABITAT CONSERVATION. Activities & Governance 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 11 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 2,911,867. 4,637,659. 8 Contributions and grants (Part VIII, line 1h) Revenue 0. 0. 9 Program service revenue (Part VIII, line 2g) 203,627. 153,217.10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,780. 27,557. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,118,274. 4,818,433 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 633,790. 783,982. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 678,515. 611,175. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,312,305. 395,157. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,805,969. 3,423,276. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 23,507,192. ,182,483. Total assets (Part X, line 16) 590,034 583,228 21 Total liabilities (Part X, line 26) 917,158. 599,255 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign 07/31/2024 Mosson BARB MORSON, PRESIDENT Here Type or print name and title Date PTIN Preparer's name Preparer's signature P00333655 LONNIE RICH CPA Paid AIKEN & SANDERS INC PS Firm's EIN 91-0870697 Preparer Firm's name Firm's address 324 S MAIN ST UNIT A Use Only Phone no. 360-533-3370 MONTESANO, WA 98563-4502 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

. u.	Chack if Schoolule O contains a response or note to any line in this Bort III	
_	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: STRATEGICALLY CONSERVE VITAL NATURAL AREAS AND WORKING LANDS IN	TUE
	SOUTH PUGET SOUND AND CHEHALIS BASIN WATERSHEDS, FOR THEIR ECOLO	GICAL
	AND COMMUNITY BENEFITS.	
_		
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by experiences are considered by experiences.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$957,079. including grants of \$) (Revenue \$)	<u>27,557.</u>)
	IN 2024, CAPITOL LAND TRUST (CLT) EARNED RE-ACCREDITATION,	
	DEMONSTRATING OUR ONGOING COMMITMENT TO HIGH-QUALITY LAND CONSER	
	WE PROTECTED AN ADDITIONAL 27 ACRES, BRINGING THE TOTAL TO 6,917	
	CONSERVED. TO RESTORE CULTURALLY AND ECOLOGICALLY SIGNIFICANT SE	ECIES,
	OVER 100 CAMAS BULBS AND RIVERBANK LUPINE SEEDS WERE PLANTED IN	
	PARTNERSHIP WITH THE SQUAXIN ISLAND TRIBE AT BAYSHORE PRESERVE.	
	INSPIRING KIDS PRESERVE, VOLUNTEERS PLANTED 188 NATIVE TREES AND	SHRUBS
	TO HELP RESTORE HABITAT ALONG HENDERSON INLET. CLT CONTINUED TO	
	STRENGTHEN COMMUNITY CONNECTIONS THROUGH VOLUNTEER OPPORTUNITIES	, LOCAL
	PARTNERSHIPS, AND OUTREACH EVENTS, INCLUDING SALMON VIEWING DAYS	, STORY
	TRAILS, AND BIRD WALKS.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 957,079.	,
	· · · · · · · · · · · · · · · · · · ·	Form 990 (2024)

09060731 790549 14835

Form 990 (2024) CAPITOL LAND TRUST Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	۳		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9	Х	
40	If "Yes," complete Schedule D, Part IV	9	21	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	Х	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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,		37	
	Part VI	11a	X	_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	<u>. </u>		 -
.0	,	19		X
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zua b	Temperature and the second sec	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21		21		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	 4 		_ 22

432003 12-10-24

Form **990** (2024)

Form 990 (2024) CAPITOL LAND TRUST
Part IV Checklist of Required Schedules (continued)

	· · · · · · · · · · · · · · · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		\vdash
·	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3,7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	ZI		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	⊢—
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
21	contributions? If "Yes," complete Schedule M	30 31		X
31 32	Did the organization required the remarks of dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JZ	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			₩
07	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		<u> </u>
55	Note: All Form 990 filers are required to complete Schedule O	38	Х	1
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.	Х	
43200/	t 12-10-24	1c Form		(2024)
				·

09060731 790549 14835

2a Inter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, Idea of the calendar year ending with or within the year covered by this return b If a least one is reported on line 2s, did the organization file all required federal employment tax returns? 3b If We regularization have unrelated business proses income of \$1,000 or more during the year? 3c If We regularization have unrelated business proses income of \$1,000 or more during the year? 3c If West I has it filed a Form 900-T for this year? If Wo to line 3b, provide an explanation on Schedule O 3c If West I has it filed a Form 900-T for this year? If Wo to line 3b, provide an explanation on Schedule O 3c If West I have the name of the foreign country 3c If West I hav						Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
3a IX b If Yes,* has it filed a Form 990-T for this year? # 'No' to line 3b, provide an explanation an Schedule O 3b If Yes,* has it filed a Form 990-T for this year? # 'No' to line 3b, provide an explanation an Schedule O 3ch At any time during the calindary 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)? See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization party to a prohibited tax shelter transaction? So Was 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? If 'Yes,' id di the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If 'Yes,' indicate the number of Forms 8282 filed during the year If 'Yes,' indicate the number of Forms 8282 filed during the year If the organization include with every subdisting the year If the organization includes with every subdisting an expression property for which it was required to file Form 8282? If 'Yes,' indicate the number of Forms 8282 filed during the year If the organization includes a permit in excess of \$75 made party as a contribution on aparty for goods and services provided to the payor? If yes,' indicate the number of Forms 8282 filed during the year If the organization includes a permit in excess of \$75 made party as a contribution of provided to the payor of the payor of the payor of the organization in excess a payor of the payor of the organization in excess a payor of the payor of the organization in th		filed for the calendar year ending with or within the year covered by this return	2a	11			
b If Yes, "Inst if liefed a Form 980-T for this year? If Yeb" to file 3b, provide an explanation on Schedule O 4 At any time during the calendary 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 accountry? 4	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
4a A 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 accounts? b if "Yea," either 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 aparty to a prohibled tax shelter transaction at any time during the tax year? 5b Was the organization in the foreign country 5c dif "Yea" in the Sar of Bt, did the organization that it was or is a party to a prohibled tax shelter transaction? 6b C Yea," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6c D Obset the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contribution on express statement that such contributions or gifts were not tax deductible as charitable contribution on appreciation are spress. 6c D obset the organization notify the donor of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," indicate the number of Forms 8882 filed during the year 9d If "Yes," indicate the number of Forms 8882 filed during the year 9d If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9d If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9d If the organization received a contribution of a property, did the organization file for 8889 as required? 9d If the organization received a contribution of property, did the organization file a Form 1098 C? 9d The organization services and organization makes any taxabi	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," other 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? 5b Dd any taxable party notify the organization file Form 888617? 6c If "Yes" to line Sa or 5b, did the organization file Form 888617? 6d Does the organization 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? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 D is a bid the organization netwer a payment in excess of \$75 made party as a contribution and party for goods and services provided? 7 D is a bid to express the analysis of the property of the property for which it was required to the form 82822 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 D is a property of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1986 C? 7 D is the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1986 C? 7 D is a contribution of the property, did the organization file a Form 1986 C? 7 D is a contribution of property of the organization file form 1986 C? 8 D is contributed organization school of the sponsoring organization has a distribution of a donor advised fund. 9 D is a	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
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 aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c Bose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that we en or tax eductibles of a charlable contributions? 6c If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charlable contribution and express statement that such contributions or gifts were not tax deductibles a charlable contribution and party for goods and services provided were the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charlable contribution and party for goods and services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8 If Yes," did the organization receive a payment in excess of \$7 made partly as contribution and party for goods and services provided? 7b If Yes, if did the organization receive a contribution of the value of the goods or services provided? 7c If If Yes, if indicate the number of Forms 8822 filed during the year 9 Did the organization received a contribution of payment in excess of tangible personal property for which it was required to file Form 8880 as required? 7t If If the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations makes any taxabilitied intellectual funding the year? 9 Sponsoring organizations make any taxabilitied intellectu	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a			
see instructions for filing requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		financial account in a foreign country (such as a bank account, securities account, or other financial a	CCOL	nt)?	4a		X
5a Mas the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sa or Sb, did the organization file Form 888617? 5c Debug to organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 5c University of the party of the party of the party of the property of the party of the organization include with every solicitation an express statement that such contributions or gifts were not tax doductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," idid the organization include with every solicitation an express statement that such contributions or gifts were not tax doductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If "Yes," indicate the number of Forms 8282 filed during the year? 9 If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization neceived any funds, directly or indirectly, on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 If the organization received any contribution of cars, boats is primary and the organization file form 1098-C? 9 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make a distribution and onor, donor advised fund maintained by	b	,					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccou	nts (FBAR).			
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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 deductibles of the solid solid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 8c If "Yes," 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? 7c If If yes, "did the organization notify the donor of the value of the goods or services provided? 7c If Yes," indicate the number of Forms 8282 filed during the year 8 Did the organization sel, exchange, or otherwise dispose of tangible personal property for which it was required 9 Total the organization organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 17d If Yes," indicate the number of Forms 8282 filed during the year 18d If the organization received a contribution of qualified intellectual property, of the organization flee Form 8893 as required? 18d If the organization received a contribution of cases, beats, airplanes, or other vehicles, did the organization flee Form 8893 as required? 19d If the organization received a contribution of cases, beats, airplanes, or other vehicles, did the organization flee Form 1098-C? 8 Sponsoring organizations excess business holdings at any time during the year? 9 Sponsoring organizations excess business holdings at any time during the year? 10 Section 501(c)(27) organizations. Enter: 10 If the sponsoring organization make any taxable distributions under section 4968? 10 Section 501(c)(21) organizations. Enter: 11 Gross income from members or shareholders 11 Gross income from members or shareholders 11 Gross income							
6a							X
any contributions that were not tax deductible as charitable contributions? be if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7a					5c		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a bid the organization cective a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," fold the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 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? 7c	6a		e org	anization solicit			,,
were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a					6a		X
7 Organizations that may receive deductible contributions under section 170(c). a 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	b		ons o	or gifts			
a 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	_				6b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year are indicated by the organization received any tunds, directly or indirectly, to pay premiums on a personal benefit contract? 7		•			_		v
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7							
to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X d bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d X g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? N if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? S ponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. D id the sponsoring organization make any taxable distributions under section 4966? D id the sponsoring organization make any taxable distributions under section 4966? D id the sponsoring organization make any taxable distribution sunder section 4966? D id the sponsoring organization make any taxable distributions under section 4966? D id the sponsoring organization make any taxable distributions under section 4966? D id the sponsoring organization make any taxable distribution under section 4966? D id the sponsoring organization make any taxable distributions under section 4966? D id the sponsoring organization make any taxable distributions under section 4966? D id the sponsoring organization make any taxable distributions under section 4966? D id the sponsoring organization section form the manual transport to the section 501(c)(1/2) organizations. Enter: a fire section 501(c)(1/2) organizations. Enter: a fire section 501(c)(1/2) organizations. Enter: b fire section 501(c)(1/2) organizations. Enter: a fire section 501(c)(1/2) organizations that the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(2) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state?					/b		
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? 7c X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h h If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 Sponsoring organizations maintaining donor advised funds. Sponsoring organizations maintaining donor advised funds. B Did the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organization received on Form 990, Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 July 10 J	С			•	- .		_v
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distribution sunder section 4966? 9 Did the sponsoring organization make any taxable distribution under section 4966? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(7) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources, (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b I"Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Section 501(c)(29) qualified nonprofit health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 13b Section 501(c)(29) qualified health plans is more than one states in which the organization is licen			1	1	/C		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Sponsoring organizations maintaining donor advised funds. Did a donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advised runds. Section 501(c/Y) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross income from members or shareholders Did Section 501(c/Y) organizations. Enter: Section 4947(a/1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Dif "Yes," enter the amount of tax exempt interest received or accrued during the year Section 501(c/Y) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves on hand Did the organization subject to the section 4960 tax on payments? If *No,* provide an explanation on Schedule O. The		,		•	70		y
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Gross income from theritotions included on Part VIII, line 12 corse income from members or shareholders 11a 11b 11b 12a Section 501(c)(12) organizations. Enter: a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11c 12a 11b 11b 12a 12b 17evs, "enter the amount of tax-exempt interest received or accrued during the year 12b 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 15 Is the organization licensed to issue qualified health plans in more than one state? 15 Is the organization is licensed to issue qualified health plans in more than one state? 15 Is the organization is licensed to issue qualified health plans 15 Is the organization is licensed to issue qualified health plans 16 Is the organization subject to the section 4960 tax on payments of							_
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organization make any taxable distributions under section 4966? 9 a Did the sponsoring organization make any taxable distributions under section 4966? 9 b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders 11 Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12							
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? a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make any taxable distributions under section 4966? 9b Did the sponsoring organizations Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from ther 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? 12b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 in more than one state? 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 in more than one state? 13a Initiation of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it fi							
sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from ther 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? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b If "Yes," see the instructions and file Form 4720, Schedule N. 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 15 X If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 49	_				711		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			•		8		
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders b 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? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13ac 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under secti	9						
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b 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? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?					9a		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 115 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 11b 11b 11b 11b 11b 11b 11b	_						
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b 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? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	10						
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b 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? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
a Gross income from members or shareholders b 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? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	b		10k				
b 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	11	Section 501(c)(12) organizations. Enter:					
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? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	а	Gross income from members or shareholders	112	1			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17		7					
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	104	1?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12k)			
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 Enter the amount of reserves the organization is required to maintain by the states in which the organization is required to maintain by the states in which the organization or 143b 12							
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 Enter the amount of reserves the instruction is required to maintain by the states in which the saction which the section which the section of the section	а				13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 In the imposition of an excise tax under section 4951, 4952 or 4953?		·					
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 In the organization and educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	b	·	١	1			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 If "Yes," complete Form 4720, Schedule O.				•			v
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 Is the organization or an excise tax under section 4968 excise tax on net investment income? 19 Is the organization or an excise tax on net investment income? 10 Is the organization or an excise tax on net investment income? 11 Is the organization or an excise tax on net investment income? 12 Is the organization or an excise tax on net investment income? 13 Is the organization or an excise tax on net investment income? 14 Is the organization or an excise tax on net investment income? 15 Is the organization or an excise tax on net investment income? 16 Is the organization or an excise tax on net investment income? 16 Is the organization or an excise tax on net investment income? 17 Is the organization or an excise tax on net investment income? 18 Is the organization or an excise tax on net investment income? 19 Is the organization or an excise tax on net investment income? 10 Is the organization or an excise tax on net investment income? 11 Is the organization or an excise tax on net investment income? 12 Is the organization or an excise tax on net investment income? 13 Is the organization or an excise tax on net investment income? 14 Is the organization or an excise tax on net investment income? 15 Is the organization or an excise tax on net investment income? 16 Is the organization or an excise tax on net investment income?		· · · · · · · · · · · · · · · · · · ·					
excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 X 19 X 10 X 11 X 12 X 13 X 14 X 15 X 16 X 17 In The imposition of an excise tax under section 4968 excise tax on net investment income? 16 In The imposition of an excise tax under section 4968 excise tax on net investment income? 18 In The imposition of an excise tax under section 4968 excise tax on net investment income? 19 In The imposition of an excise tax under section 4968 excise tax on net investment income? 10 In The imposition of an excise tax under section 4968 excise tax on net investment income? 19 In The imposition of an excise tax under section 4968 excise tax on net investment income? 10 In The imposition of an excise tax under section 4968 excise tax on net investment income? 11 In The imposition of an excise tax under section 4968 excise tax on net investment income? 11 In The imposition of an excise tax under section 4968 excise tax on net investment income? 12 In The imposition of an excise tax under section 4968 excise tax on net investment income? 13 In The imposition of an excise tax under section 4968 excise tax on net investment income? 14 In The imposition of an excise tax under section 4968 excise tax on net investment income? 15 In The imposition of an excise tax under section 4968 excise tax on net investment income? 16 In The imposition of an excise tax under section 4968 excise tax on net investment income? 17 In The imposition of an excise tax under section 4968 excise tax on net investment income?					140		
If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	ıə				45		y
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 YES, "complete Form 4720, Schedule O. 19 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 19 Section 501(c)(21) organizations.					15		$\stackrel{\wedge}{\vdash}$
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	16		t inn-	mo?	16		x
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	10		LITICC	ıııı c	10		
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	•	+i\/i+i	ac.			
	"				17		
					.,		

Form **990** (2024) 432005 12-10-24

CAPITOL LAND TRUST 91-1413484 Part VI | Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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 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 on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 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 Х more members of the governing body? 7a **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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a **b** Each committee with authority to act on behalf of the governing body? X 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a

b	were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	126	Λ	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			1
	on 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	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			1
	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	X	
	If "Yes" to line 15a or 15b, describe the process on 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	W	Ą
----	--	---	---

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

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

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 360-943-3012

BOX 14065, TUMWATER 98511 PO

Form **990** (2024)

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c , unle:	Pos heck ss per	more rson i	than	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	lnstitutional trustee	Officer of the property of the	Key employee	Highest compensated Employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DAVID WINTER	40.00	1						0.5.050		
EXECUTIVE DIRECTOR	<u> </u>	_		Х		_		96,058.	0.	28,413.
(2) TEAGUE POWELL	5.00	ļ		l						
VICE-PRESIDENT		Х		Х		_		0.	0.	0.
(3) ROBERT BRADLEY TREASURER	5.00	X		x				0.	0.	0.
(4) JULIE SANDBERG	5.00	^		^					0.	· ·
SECRETARY	3.00	X		х				0.	0.	0.
(5) BARB MORSON	5.00	1				\vdash		<u> </u>	•	· ·
PRESIDENT	3100	x		x				0.	0.	0.
(6) LOLA FLORES	2.50	 				\vdash			•	
BOARD MEMBER		X						0.	0.	0.
(7) EDIE HARDING	2.50									
BOARD MEMBER		Х						0.	0.	0.
(8) SANDY KAISER	2.50									
BOARD MEMBER		Х						0.	0.	0.
(9) HELLE BURLINGAME	2.50									
BOARD MEMBER		Х						0.	0.	0.
(10) CRAIG PARTRIDGE	2.50									
BOARD MEMBER		Х						0.	0.	0.
(11) CRAIG HANSEN	2.50									
BOARD MEMBER		Х						0.	0.	0.
(12) GARY WILBURN	2.50								_	_
BOARD MEMBER		Х				_		0.	0.	0.
(13) JOSEPH PETERS	2.50	ļ								
BOARD MEMBER		Х						0.	0.	0.
(14) DANIEL GARCIA	2.50	١								
BOARD MEMBER	0.50	Х				┝		0.	0.	0.
(15) LUKE BOWERMAN	2.50	-							_	
BOARD MEMBER		Х						0.	0.	0.
		-								
	1	-				_		1	ı	5 000 (see t)

Form 990 (2024)

Form 990 (2024) CAPITOL									13484 Page 8
Part VII Section A. Officers, Directors, Trus		oloye	es, a		ighes	t C		'	
(A) Name and title	(B) Average hours per week (list any hours for	box, u	ot che inless	(C) Position eck more person a direc	e than on is both tor/trus	an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MIS	other compensation
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer Kev emplovee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related organizations
							06.050		20 412
Subtotal Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A						96,058. 0. 96,058.		0. 28,413. 0. 0. 0. 28,413.
Total number of individuals (including but recompensation from the organization	not limited to th	ose lis	sted	abov	e) wh	o re	eceived more than \$100,	000 of reportable	Yes No
3 Did the organization list any former officer line 1a? <i>If</i> "Yes," complete Schedule J for s	such individual								
 4 For any individual listed on line 1a, is the s and related organizations greater than \$15 5 Did any person listed on line 1a receive or 	0,000? If "Yes,	" com	plet	e Sch	edule	J f	or such individual		4 X
rendered to the organization? If "Yes." cor	•				•		•		5 X
Section B. Independent Contractors 1 Complete this table for your five highest co	ompensated ind	lepen	dent	cont	racto	s th	nat received more than \$	100.000 of comp	ensation from
the organization. Report compensation for	•	•					the organization's tax y	,	
(A) Name and business	address	NO	NE				(B) Description of s	ervices	(C) Compensation
Total number of independent contractors (\$100,000 of compensation from the organ	•	ot limi	ited 1	to the	se lis	ted	above) who received mo	ore than	
									Form 990 (2024)

91-1413484

Form 990 (2024)
Part VIII

	Statemen [*]	t of F	₹evenue
--	-----------------------	--------	---------

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			Officer if Schedule O Contains a response t	or flote to arry iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
							business revenue	from tax under
								sections 512 - 514
ıts ts	1	а	Federated campaigns1a					
rar		b	Membership dues1b	220,443.				
Ω, Ω		С	Fundraising events1c					
ifts Ir A			Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions)	200,430.				
Sir			All other contributions, gifts, grants, and					
E İİ		'	All Other Contributions, girts, grants, and	216,786.				
έξ					-			
ont od (•		431,040.	4 625 650			
<u>ă</u> <u>č</u>		h	Total. Add lines 1a-1f		4,637,659.			
				Business Code				
ġ.	2	а						
Š		b						
Sel		С						
E S		d						
gra Re								
Program Service Revenue		e	All all and an area and a second					
-			All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere					
			other similar amounts)		152,110.			152,110.
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c		1			
			Net rental income or (loss)	(ii) Othor				
	7	а	Gross amount from sales of (i) Securities	(ii) Other	-			
			assets other than inventory $\boxed{7a}$ $\boxed{1,107}$.					
		b	Less: cost or other basis					
ne			and sales expenses 7b					
her Revenue		С	and sales expenses $7b$ $0.$ Gain or (loss) $7c$ $1,107.$					
Be			Net gain or (loss)		1,107.			1,107.
e.			Gross income from fundraising events (not					
Oth			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18		-			
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	 T				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses9b					
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		h	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
_		C	Thet income or (loss) from sales of inventory	Business Code				
જ્	٠		MICCELLANDOUG	Business Code	27 557	27 557		
eor e	11		MISCELLANEOUS	900099	27,557.	27,557.		
lan		b						
le K		С						
Miscellaneous Revenue		d	All other revenue					
_		е	Total. Add lines 11a-11d		27,557.			
	12		Total revenue. See instructions		4,818,433.	27,557.	0.	153,217.

Form 990 (2024) CAPITOL LAND TRUST Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must com	nolete column (A).	
<u> </u>	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	127,493.	71,152.	40,967.	15,374.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F12 006	0.00	155 001	
7	Other salaries and wages	513,286.	277,320.	157,921.	78,045.
8	Pension plan accruals and contributions (include	12 225	0 0 0	4 554	206
_	section 401(k) and 403(b) employer contributions)	13,205.	8,055.	4,754. 27,300.	396.
9	Other employee benefits	75,124.	46,032.	27,300.	1,792.
10	Payroll taxes	54,874.	29,429.	16,945.	8,500.
11	Fees for services (nonemployees):				
a	Management				
b	Legal	9,025.	5,144.	2 700	1 172
	Accounting	9,045.	5,144.	2,708.	1,173.
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	176,221.	173,291.	1,912.	1,018.
12	column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion	418.	321.	97.	1,010.
13	Office expenses	62,460.	26,382.	5,901.	30,177.
14	Information technology	6,704.	3,821.	2,011.	872.
15	Royalties	0 / 7 0 1 0	3,021,	2,0110	0,21
16	Occupancy	39,158.	24,780.	6,440.	7,938.
17	Travel	22,345.	16,141.	4,222.	1,982.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	13,883.	13,883.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,839.	2,839.		
23	Insurance	17,739.	17,739.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) STEWARDSHIP, RESTORATIO	166,850.	166,850.		
a b	PROPERTY & SMALL EQUIPM	40,184.	40,184.		
C	INKIND EXPENSE	25,140.	13,583.	7,735.	3,822.
d	DUES	23,694.	20,013.	1,762.	1,919.
	All other expenses	4,515.	120.	4,328.	67.
25	Total functional expenses. Add lines 1 through 24e	1,395,157.	957,079.	285,003.	153,075.
26	Joint costs. Complete this line only if the organization	, ,		,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	190,424.	1	209,807.		
	2	Savings and temporary cash investments	194,191.	2	152,867.		
	3	Pledges and grants receivable, net		119,044.	3	245,315.	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial c	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	lified per				
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	D ::			9,053.	9	16,360.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	19,070,143.			
	b	Less: accumulated depreciation	`	,	18,640,359.	10c	19,057,755.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			4,354,121.	12	7,500,379.
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			00 505 100	15	07 100 100
	16	Total assets. Add lines 1 through 15 (must eq			23,507,192.	16	27,182,483
	17	Accounts payable and accrued expenses	95,225.	17	82,439.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			144 000	20	150 700
	21	Escrow or custodial account liability. Complete			144,809.	21	150,789.
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub-					
Liak		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·	350,000.	23	350,000.
	24	Unsecured notes and loans payable to unrelate		Г	330,000.	24	330,000.
	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on line of Schedule D	-	·		25	
	26	of Schedule D			590,034.	26	583,228.
	20	Organizations that follow FASB ASC 958, ch	eck her	e X	33070310	20	303/2200
Se Se		and complete lines 27, 28, 32, and 33.	con nor	·			
ů	27	Net assets without donor restrictions		ľ	3,761,698.	27	5,401,512.
3ala	28	Net assets with donor restrictions	19,155,460.	28	21,197,743.		
Þ		Organizations that do not follow FASB ASC					, , , , ,
Ξ		and complete lines 29 through 33.	,				
ō	29	Capital stock or trust principal, or current funds	3	Ť		29	
sets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			22,917,158.	32	26,599,255.
_	33	Total liabilities and net assets/fund balances			23,507,192.	33	27,182,483.

Form **990** (2024)

Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,818		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	, 39!	5,1	<u>57.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	3	, 42	3,2	76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22	,91'	7,1	58.
5	Net unrealized gains (losses) on investments 5					21.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	26	<u>,599</u>	9,2	<u>55.</u>
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?					X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2024)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

CAPITOL LAND TRUST 91-1413484 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and					• •	
	membership fees received. (Do not						
	include any "unusual grants.")	2243192.	1543072.	3170445.	2970983.	4638766.	14566458.
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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
1	Total. Add lines 1 through 3	2243192.	1543072.	3170445.	2970983.	4638766.	14566458.
5	The portion of total contributions	22431321	1343072.	3170113.	23703030	40307001	113001301
3	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)						14566450
	Public support. Subtract line 5 from line 4.						14566458.
	••						T
	ndar year (or fiscal year beginning in)	(a) 2020 2243192.	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	2243192.	1543072.	3170445.	2970983.	4030/00.	14566458.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	35,788.	44,234.	45,966.	144,511.	152,110.	422,609.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	21,767.	2,030.	1,648.	2,780.		
11	Total support. Add lines 7 through 10						15044849.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	97,732.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stor	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2024 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	96.82 %
15	Public support percentage from 2023	Schedule A, Part	II, line 14			15	97.21 <u>%</u>
16a	33 1/3% support test - 2024. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2023. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	-		*			
_	more, and if the organization meets the	-					
	organization meets the facts-and-circu		•		• •		
18	Private foundation. If the organization		•		•		······
<u></u>	The organization in the organization	ala fiot officer a f	55% 511 III 0 10, 108	<u>,, , , , , , , , , , , , , , , , , , ,</u>	, cricon triis box ai		(Form 990) 2024

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-	ļ					
	formed, or facilities furnished in any activity that is related to the	ļ					
	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						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ie organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organizatio	on,
804	check this box and stop here ction C. Computation of Publi		oontago				
				l (f))		45	0/
	Public support percentage for 2024 (I		•	column (t))		15	<u>%</u>
	Public support percentage from 2023 ction D. Computation of Inves					10	<u>%</u>
				ne 13 column (fl)		17	0%
	Investment income percentage for 20 Investment income percentage from the company of the company					18	<u>%</u>
	33 1/3% support tests - 2024. If the			on line 14, and line			
198	more than 33 1/3%, check this box ar						, 13 HOL
L.	33 1/3% support tests - 2023. If the						 nd
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	The state of the s	<u></u>		, ,			

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on 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 on line 9a) 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b 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		
3c		
4a		
4b		L,
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		L,
10a		
10b		

432024 01-14-25

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Sac	provide detail in Part VI. Stion B. Type I Supporting Organizations	11c		
366	tion b. Type i supporting organizations		Vaa	N ₂
4	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		Yes	No
1	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, 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	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below.	,).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c				
_	entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b	igsquare	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u></u>

Schedule A (Form 990) 2024

5

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A (Form 990) 2024

e Excess from 2024

Schedule B (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

CAPITOL LAND TRUST 91-1413484 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🔟 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. 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. Don't 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 \$_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Employer identification number

CAPIT	OL LAND TRUST	91	1413484
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 502,950.	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
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 257,589.	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
6		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CAPITOL LAND TRUST 91-1413484 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I LAND PARCEL AT 19 RANGE 3W QUARTER SE 6 SW, BLAINE WA 98002 405,900. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

Name of organization **Employer identification number** CAPITOL LAND TRUST 91-1413484 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

Da	CAPITOL LAND TRUST	I Francis ou Othou Similar Francis	A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	91-1413484	
Pai			or Accour	TS. Complete if the	
	organization answered "Yes" on Form 990, Part IV, line				
	<u> </u>	(a) Donor advised funds	(b) Fur	nds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	•			
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No	
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	used only		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring		
Pai	t II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990,	Part IV, line 7		
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).			
	Preservation of land for public use (for example, recreati	ion or education) X Preservation o	f a historically	important land area	
	X Protection of natural habitat	X Preservation o	f a certified his	storic structure	
	X Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conserva	tion easement on the last	
	day of the tax year.			Held at the End of the Tax Year	
а	Total number of conservation easements		2a	42	
b	Total acreage restricted by conservation easements		2b	2,903.00	
С	Number of conservation easements on a certified historic stru-	cture included on line 2a	2c	2	
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006, and not			
	on a historic structure listed in the National Register	•	2d		
3	Number of conservation easements modified, transferred, rele			during the tax	
	year 0		· ·	•	
4	Number of states where property subject to conservation ease	ement is located 1			
5	Does the organization have a written policy regarding the period				
	violations, and enforcement of the conservation easements it			X Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting, h				
	362			Ç	
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserva	tion easemen	ts during the year	
	19,908.	3		3 7 7	
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section 170(h	n)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?	• •	,,,,,,,	Yes No	
9	In Part XIII, describe how the organization reports conservatio				
	balance sheet, and include, if applicable, the text of the footnot	•			
	organization's accounting for conservation easements.	3			
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Simila	r Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sl	heet works	
	of art, historical treasures, or other similar assets held for publ	·			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
b	If the organization elected, as permitted under FASB ASC 958			works of	
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items.	,,			
	(i) Revenue included on Form 990, Part VIII, line 1			\$	
	400 A			\$	
2	If the organization received or held works of art, historical trea				
_	the following amounts required to be reported under FASB AS		ga, provide	-	
а	Revenue included on Form 990, Part VIII, line 1	_		\$	
	Assets included in Form 990, Part X			\$	
				T	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024)

12,388.

19,043,904

19,057,755

13,851

e Other

1a Land
b Buildings
c Leasehold improvements

d Equipment

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

19,043,904

26,239.

Schedule D (Form 990) (Rev. 12-2024) CAPTIOL LAN	D TRUST	91	-1413464 Page 3
Part VII Investments - Other Securities	- Faura 000 Dart IV line 1	th Con Farms 000 Port V line 10	
Complete if the organization answered "Yes" o			l of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A) PUBLICLY TRADED			
(B) SECURITIES	7,500,379.	END-OF-YEAR MARKET	VALUE
(C)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	7,500,379.		
Part VIII Investments - Program Related.	5 000 B . N/ II . /		
Complete if the organization answered "Yes" o			l of wook moving the sales
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	i-oi-year market value
(1)	+		
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		1d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
<u>(1)</u>			
(2)			
<u>(4)</u> (5)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
<u>(7)</u> (8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. line 25. col.	(R))		
2. Liability for uncertain tax positions. In Part XIII, provide t			nat reports the
organization's liability for uncertain tax positions under F			
			•••

Schedule D (Form 990) (Rev. 12-2024)

	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn	rage +
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	5,077,254.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	050 001		
а	Net unrealized gains (losses) on investments	2a	258,821.	-	
b	Donated services and use of facilities	2b		-	
С	Recoveries of prior year grants	2c		- 1	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	258,821.
3	Subtract line 2e from line 1			3	4,818,433.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	4,818,433.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	Returr	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,395,157.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,395,157.
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.)	4b			
С	Add lines 4a and 4b			4c	0.
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	1,395,157.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	V lines 1h	and 2h: Part V line 4	· Part \	(line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			, i ait /	t, iii to z, i ai t Ai,
	RT II, LINE 5:	ionai iinom	iation.		
	E ORGANIZATION'S POLICY IS TO MONITOR ALL CO	ONSERV	ZATTON EASE	MEN	rs on an
	NUAL BASIS AND TO ENFORCE THE TERMS OF ALL				
	RSUING LITIGATION IF NECESSARY.	LADLINI	MID, INCHO	DIII	•
1 01	OUNCE DITIONTION IT NECEDEARTS				
PΔI	RT II, LINE 9:				
	SERVATION EASEMENTS ARE NOT ASSIGNED A VAL	IIE TN	THE EINANC	ΤΔT.	
	ATEMENTS AS THEY ARE PERMANENTLY RESTRICTED)NI
	SIDERS THE RESPONSIBILITY AND COST TO MONI				
	SEMENTS AS OUTWEIGHING POTENTIAL VALUE.	ION AI	ID ENFORCE	COIV	DERVATION
יעיד	SEMENTS AS COINCIGHTING FOIENTIAL VALUE.				
DAI	RT IV, LINE 2B:				
	CI IV, DINE 2B. E ORGANIZATION ENTERED INTO AN AGREEMENT DU	DINC 3	0011 WTTU T	ו סטי	סד א ריע
	LLS AUDUBON SOCIETY TO ACT AS FUND ADMINIST				
	LED THE MAYTOWN CONSERVATION FUND. THE ORGA				
	STODIAN OF THE FUND AND PROCESSING INVOICES				
		AND I	MAKING PAIM	EMT.	5 ON
DEI	HALF OF THE BLACK HILLS AUDUBON SOCIETY.				
D 7 T	OM IZ TIME A.				
	RT V, LINE 4:				
1.0	FUND FUTURE CONSERVATION ACTIVITIES.				
D 7 -	OM V TINE 7.				
	RT X, LINE 2:	m T O 37 . 7	MIDED WITE T	NTOTOT	2377 T
	E TRUST IS A TAX EXEMPT NON-PROFIT ORGANIZA				
	VENUE CODE SECTION 501(C)(3) AND IS NOT CLA				
	INDATION. ACCORDINGLY, THE FINANCIAL STATE	MENTS			
43205	4 01-02-25		Schedule	D (Fo	rm 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

	CAPITOL LAND	TRUST			91-2	1413	484	
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	letermin		S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other	X	1	405,900.	FMV			
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted on Part I, lines 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of t	the initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribu	tions?	31		_X_
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is che	cked,			
	describe in Part II.							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2024

432142 01-18-25

SCHEDULE O (Form 990)

(Rev. December 2024)
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 Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CAPITOL LAND TRUST

Employer identification number 91-1413484

FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION'S INDEPENDENT ACCOUNTANT PREPARES THE FORM 990 AND
PROVIDES TO THE ORGANIZATION. ALL BOARD MEMBERS ARE GIVEN THE OPPORTUNITY
TO REVIEW AND APPROVE FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: CAPITOL LAND TRUST'S OFFICERS, DIRECTORS

CAPITOL LAND TRUST'S OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO DISCLOSE ANY INTEREST THAT COULD GIVE RISE TO CONFLICTS. TO ENSURE COMPLIANCE, THEY MAINTAIN AND PERIODICALLY UPDATE A CONFLICT OF INTEREST POLICY AND ADHERE TO THE LAND TRUST ALLIANCE'S STANDARDS AND PRACTICES. ADDITIONALLY, AS PART OF THE NATIONAL ACCREDITATION PROCESS, CAPITOL LAND TRUST WENT THROUGH A SYSTEMATIC PROCESS DESIGNED TO ENSURE ALL OF ITS POLICIES AND PROCEDURES MEET THE HIGHEST STANDARDS OF EXCELLENCE.

FORM 990, PART VI, SECTION B, LINE 15:

WAGES ARE BASED ON MARKET WAGES. A MAJORITY OF BOARD MEMBERS AGREE ON COMPENSATION. THE ORGANIZATION DOES NOT HAVE ANY HIGHLY COMPENSATED EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 1023 AND FORM 990 AVAILABLE TO THE PUBLIC UPON A WRITTEN REQUEST TO PO BOX 14065, TUMWATER, WA 98511. REQUESTS MAY ALSO BE MADE TO INFO@CAPITOLLANDTRUST.ORG OR BY PHONE AT 360-943-3012. THE FORM 990 IS ALSO AVAILABLE ON THE ORGANIZATION WEBSITE AT CAPITOLLANDTRUST.ORG.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON A WRITTEN REQUEST TO PO BOX 14065, TUMWATER, WA 98511. REQUESTS MAY ALSO BE MADE TO INFO@CAPITOLLANDTRUST.ORG OR BY PHONE AT 360-943-3012.

FORM 990, PART IX, LINE 11G, OTHER FEES:

TORE 330 TIME IN DINE IIC OTHER TEED:	
VARIOUS:	
PROGRAM SERVICE EXPENSES	173,291.
MANAGEMENT AND GENERAL EXPENSES	1,912.
FUNDRAISING EXPENSES	1,018.
TOTAL EXPENSES	176,221.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	176,221.

FORM 990, PART XII, LINE 2C

NO CHANGE IN OVERSIGHT PROCESS FROM THE PRIOR YEAR.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) (Rev. 12-2024)