Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047 2014 Open to Public Inspection

Α	For the 201	4 calendar year, or tax year beginning , and ending	-						
В	Check if applicable	C Name of organization		D Employer i	dentification number				
	Address change	BARNSTABLE LAND TRUST, INC.							
	Name change	Doing business as		22-24					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  P.O. BOX 224	Room/suite	E Telephone	71-2585				
	Final return/	City or town, state or province, country, and ZIP or foreign postal code	300 771 2303						
	terminated	COTUIT MA 02635		C Cross rossi	ots\$ 2,062,509				
	Amended return	F Name and address of principal officer:		<b>G</b> Gross receip					
	Application pendir		H(a) Is this a gr	oup return for sub	oordinates? Yes X No				
			H(b) Are all sub	bordinates includ	ded? Yes No				
			If "No,	," attach a list. (s	see instructions)				
_	Tax-exempt stat	us: <b>X</b> 501(c)(3) 501(c) ( ) <b>◄</b> (insert no.) 4947(a)(1) or 527							
J	Website:	www.blt.org	H(c) Group exe	emption number	<b>&gt;</b>				
<del></del>	Form of organizat		Year of formation: 1		State of legal domicile: MA				
		Summary		<u> </u>	. Otato or rogar acrimono. D				
	1								
æ		ESERVATION OF UNDEVELOPED LAND IN TOWN OF BARNSTAB	 LE						
au	7.7.7		: <del></del>						
Governance									
Š	2 Check	this box if the organization discontinued its operations or disposed of more than	25% of its net a	assets.					
S S	3 Number	er of voting members of the governing body (Part VI, line 1a)			16				
Activities &		er of independent voting members of the governing body (Part VI, line 1b)			16				
ŧ	5 Total n	umber of individuals employed in calendar year 2014 (Part V, line 2a)		. 5	6				
Ę		umber of volunteers (estimate if necessary)		6	50				
4		nrelated business revenue from Part VIII, column (C), line 12		7a	0				
		related business taxable income from Form 990-T, line 34		. <b>//</b> 7b	0				
			Prior Ye		Current Year				
ē		outions and grants (Part ) (III line 1h)	53:	9,682	794,362				
en		m service revenue (Part VIII, line 2g)	•		0				
Revenue		nent income (Part VIII, column (A), lines 3, 4, and 7d)		8,172	51,451				
_		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,714	35,556				
	l .	evenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	674	4,568	881,369				
		and similar amounts paid (Part IX, column (A), lines 1–3)			0				
		ts paid to or for members (Part IX, column (A), line 4)	1.6	7 260	0				
Expenses	15 Salarie	es, other compensation, employee benefits (Part IX, column (A), lines 5–10)	16	7,368	191,896				
ë	16aProfes	sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25) ▶ 64,131			0				
쏬	<b>b</b> lotal to	undraising expenses (Part IX, column (D), line 25) ► 64,131	154	2,779	220 640				
_	17 Other	expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		0,147	339,648 531,544				
		expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		4,421	349,825				
5 6	is neven	ue less expenses. Subtract line 18 from line 12	Beginning of Cu		End of Year				
Net Assets or	<b>20</b> Total a	ssets (Part X, line 16)	28,79		29,197,519				
ASS	21 Total li	abilities (Part X, line 26)		7,862	14,006				
E SE	<b>22</b> Net as	sets or fund balances. Subtract line 21 from line 20	28,77		29,183,513				
		Signature Block							
U	Inder penalties	of perjury, I declare that I have examined this return, including accompanying schedules and state	tements, and to th	ne best of my	knowledge and belief, it is				
tr	ue, correct, and	d complete. Declaration of preparer (other than officer) is based on all information of which prepa	arer has any know	ledge.					
Si		Signature of officer		Date					
He	ere	Wendy Barker Treas	surer						
		Type or print name and title	r						
		Type preparer's name Preparer's signature	Date	Check	if PTIN				
Pai		hristopher Murphy M. Christopher Murphy	09/28	/15 self-empl					
	eparer Firm's		F	Firm's EIN 🕨	04-2669305				
US	e Only	220 WEST MAIN STREET							
		address HYANNIS, MA 02601			<u>508-775-7819</u>				
Ma	y the IRS disc	cuss this return with the preparer shown above? (see instructions)	<u></u>		X Yes No				

Form	990 (2014	) BARNSTABI	LE LAND	TRUST,	INC.	22-2483963		Page <b>2</b>
Pa		Statement of P						
				ns a respon	ise or note to any	line in this Part III		<u></u>
		scribe the organization		0DED 13	T.I MOLTI	0E DADMOMAD		
Р	KESER	VATION OF.	ONDEART	OPED LA	MO IN TOWN	OF BARNSTAB	LE	
2	Did the or	ragnization undertake	any cianificar	t program con	vices during the year v	which were not listed on t	ho.	
2		n 990 or 990-EZ?	ariy sigriilicai		-			Yes X No
	-	lescribe these new se	ervices on Sch					103 22 110
3					changes in how it con	ducts, any program		
	services?		, , , , , , , , , , , , , , , , , , ,	g		eracia, and programs		Yes X No
		lescribe these chang	es on Schedul	e O.				
4		_			ents for each of its thre	e largest program servic	es, as measured by	
						e amount of grants and a		
	the total e	expenses, and revenu	ue, if any, for e	ach program s	ervice reported.	-		
	(Code:	) (Expenses	\$ 3	51,835	including grants of \$		) (Revenue \$	)
				oped pr	reservation	land in		
В	arnst	able Count	y, MA					
4b	(Code:	) (Expenses	\$		including grants of \$		) (Revenue \$	)
4c	(Code:	) (Expenses	\$		including grants of \$		) (Revenue \$	)
70	(Oode	) (Expenses	Ψ		including grants or \$\psi\$		) (Hevenue $\psi$	/
	• • • • • • • • • • • • • • • • • • • •							
	•							
4d	Other pro	gram services (Desc	ribe in Schedu	le O.)				
-	(Expense			luding grants o	of \$	) (Revenue \$		)
4e		gram service expense		351,8	335			·
_								

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			v
	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)	١.		v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		v
•	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			Х
7	"Yes," complete Schedule D, Part I	6		Λ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	v	
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		Х
44	endowments, permanent endowments, or 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.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	X	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	IIa	Λ	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		21
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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	1.0		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
-	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014) BARNSTABLE LAND TRUST, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	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 Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			32
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	0.7		v
00	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a		X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	208		Λ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		Λ
C	was an efficient director, trustee, or director indirect owner? If "Vee," complete Schedule I. Bort IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	- 22
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
50	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
٥.	D-41	31		Х
32	Part। Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-		
-	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	L	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1		
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X	
		_	000	<b>1</b>

22-2483963

Form 990 (2014) BARNSTABLE LAND TRUST, INC. 22-2

Part V Statements Regarding Other IRS Filings and Tax Compliance

Page 5

	Check if Schedule O contains a response or note to any line in this Pa	art V				
	•	<u> </u>	•		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			4		v
0-	reportable gaming (gambling) winnings to prize winners?			1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	0-	6			
<b>L</b>	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		Х	
b	, , ,			2b	^	
20	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a	oris)		20		X
_	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedu			3a 3b		<u> </u>
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ority	30	-	+
тa	over, a financial account in a foreign country (such as a bank account, securities account, or other					
	account)?	IIIaiic	lai	4a		X
h	If "Yes," enter the name of the foreign country: ▶			70		- 33
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financia	al ∆ccc	unte			
	(FBAR).	ai Accc	unts			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year'	2		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans		 ?	5b	1	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	Saction	·	5c	1	
6a				30	1	+
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	J 1110		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions.	utions o	 nr	- Ou		+
-	gifts were not tax deductible?		,,	6b		
7	Organizations that may receive deductible contributions under section 170(c).			0.5		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or good	ls			
-	and services provided to the payor?	9		7a		
b				7b		1
С		was				
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	it contra	act?	7e		
f				7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file		8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ	nization	file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint	tained b	by the			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1 1				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_		
11	Section 501(c)(12) organizations. Enter:	1				
a	Gross income from members or shareholders	11a		_		
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b		-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F	1	)41?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		$\dashv$		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40	<del> </del>	#
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	<u> </u>	1
L	<b>Note.</b> 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	406				
_	the organization is licensed to issue qualified health plans	13b		$\dashv$		
C		13c		1/10	<del>                                     </del>	X
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched			14a 14b	<del>                                     </del>	<b>├</b> ^
U	in 103, that it high a form 120 to report these payments: If No, provide all explanation in Sched	uic U .		טדיון	1	1

22-2483963

Page 6

	1990 (2014) BARNSTABLE LAND TRUST, INC. 22-2403903				age <b>o</b>
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule	O. Se	e ir	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u>		_X_
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year				
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?	[_:	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	:	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?	7	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?	7	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following the second contemporaneously document the meetings held or written actions undertaken during the year by the following the second contemporaries are second contemporaries.	owing:			
а	The governing body?		За	X	
b	Each committee with authority to act on behalf of the governing body?		3b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue (	Cod	de.)	
	· · · · · · · · · · · · · · · · · · ·			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	1	0a		X
	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?	1	0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	1	1a		X
b	Describe in 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	1	2a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts	? 1	2b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done	1	2c		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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	1	5a		X
b	Other officers or key employees of the organization	4	5b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a					
	with a taxable entity during the year?	1	6a		X
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?	1	6b		
Sec	tion C. Disclosure				
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ▶ MA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	/)			
-	available for public inspection. Indicate how you made these available. Check all that apply.	′			
	Own website Another's website    Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	ıd			
	financial statements available to the public during the tax year.	<b>-</b>			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:				
	endy Barker  70 Little Pond Road				
_	<b>-</b>				

MA 02648

Marstons Mills

Form 990 (2014) BARNSTABLE LAND TRUST, INC.

22-2483963

Page 7

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	box	k, unle	heck ss pe	ition more rson i	than or s both a r/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MIGG)	from the organization and related organizations
(1) John Miller										
	1.00								_	
President	0.00	Х		X				0	0	0
(2) Terrie Reilly	1.00									
Vice President	0.00	x		X				0	0	0
(3) Wendy Barker	0.00	21		22						
(e) messey Desires	1.00									
Treasurer	0.00	X		X				0	0	0
(4)Polly Dana-Schu	macher									
	1.00									
Clerk	0.00	X		X				0	0	0
(5) James C. O'Cono										
Billion III	1.00	37						•	•	•
Director (6) Tom Mullen	0.00	X						0	0	0
(6) IOM MUITEN	1.00									
Director	0.00	х						0	0	0
(7) Mary-Gaines Sta								•	•	
( ,	1.00									
Director	0.00	X						0	0	0
(8)Rob O'Leary										
	1.00							_		_
Director	0.00	X						0	0	0
(9) Lee Ann Hesse	1 00									
Diment on	1.00	X						0	•	0
Director (10)Sheila Place	0.00	Λ						U	0	<u> </u>
(10) SHETTA PIACE	1.00									
Director	0.00	х						0	0	0
(11)Susanne Lavoie-		<u></u>						<u> </u>		
	1.00									
Director	0.00	X						0	0	- 000

Part VII Section A. Officer	rs, Directors, T	ruste	ees,	Key	Em	ploy	ees	, and Highest Compens	ated Employees (continu	ıed)		
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson	than o	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	6	(F) Estimated amount of other mpensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	oı a	from the rganization and related ganizations	
(12)Stacy Austin Re	1.00											•
Director (13)Nancy Ridley	1.00	X						0	0			0
Director (14)Brendan Annett	0.00	X						0	0			0
Director (15)Pamela Danforth	1.00	x						0	0			0
Director	1.00	x						0	0			0
(16)Katherine Garof	01i 1.00 0.00	x						0	0			0
(17)	0.00	21							<u> </u>			
(18)												
(19)												
1b Sub-total c Total from continuation sh d Total (add lines 1b and 1c) 2 Total number of individuals ( reportable compensation from	neets to Part VII  including but not	, Se	ed to				▶ ▶ abo	ve) who received more tha	an \$100,000 of			
<ul> <li>3 Did the organization list any temployee on line 1a? If "Yes</li> <li>4 For any individual listed on line</li> </ul>	," complete Sche	edule	Jfc	r su	ch ir	ndivid	laub				Yes	X
organization and related organization and related organization and related organization organization and related organiza	anizations greate	er tha	an \$1 	50,0 	000? satio	If "Y  on fro	'es,"  om a	complete Schedule J for sany unrelated organization	such		4	X
for services rendered to the operation B. Independent Contract		Yes.	," coi	mple	te S	chec	dule	J for such person			5	X
Complete this table for your to compensation from the organization.	nization. Report							ndar year ending with or w	ithin the organization's tax	cyear.	(C)	
Name an	(A) d business address							Descrip	(B) tion of services		(C) Compensa	ation
2 Total number of independent received more than \$100,000									0			

P	IFL V	Check if Schedule		ains a respons	e or note to any li	ne in this Part VII	l	
					(A)	(B) Related or	(C)	(D) Revenue
					Total revenue	exempt function	Unrelated business	excluded from tax under sections
10-10						revenue	revenue	512-514
ant	1a	Federated campaigns	1a	100 706				
ڡۣۜۊ	b	Membership dues	1b	109,796				
Program Service Revenue Contributions, Gifts, Grants	С	Fundraising events	1c	12,890				
	a	Related organizations	1d					
Sign	e f	Government grants (contributions)	1e					
PE PE	•	and similar amounts not included above	1f	671,676				
<b>E</b>	а	Noncash contributions included in lines 1a		60,866				
aca	h	<b>Total.</b> Add lines 1a–1f			794,362			
nue				Busn. Code	,			
evel	2a							
e R	b							
rvice	С							
Se	d							
гаш	е							
rogra	f	All other program service reve		•				
	9	Total. Add lines 2a–2f					Γ	Ι
	3	Investment income (including			51,064			51,064
	4	and other similar amounts) Income from investment of tax		hond proceeds	31,004			31,004
		Royalties	•	•				
		(i) Real		(ii) Personal				
	6a	Gross rents						
	b	Less: rental exps.						
	С	Rental inc. or (loss)						
	_d	Net rental income or (loss)	<u></u>					
	/a	Gross amount from (i) Securities sales of assets		(ii) Other				
		other than inventor 1,136,	966					
	b	Less: cost or other	F70					
		basis & sales exps. 1,136,	387					
					387	387		
4		Net gain or (loss)			307	307		
nue	va	(not including \$ 12, 8						
eve		of contributions reported on line 1c	:).					
Ä		See Part IV, line 18	_	79,477				
Other Revenu	b	Less: direct expenses		44,561				
0	С	Net income or (loss) from fund	draisin <u>g</u> e	vents	34,916			34,916
	9a	Gross income from gaming activities						
		See Part IV, line 19	. a					
		Less: direct expenses						
		Net income or (loss) from gam	ning a <u>ctivi</u>	ties ▶				
	ıua	Gross sales of inventory, less						
	h	returns and allowances Less: cost of goods sold	. a b					
		Net income or (loss) from sale	. ~	ntory <b>•</b>				
		Miscellaneous Revenue	C OI IIIVGI	Busn. Code				
	11a				640			640
	b							
	С							
	d	All other revenue						
					640		-	22.222
	12	Total revenue See instruction	ne	<b></b>	881.369	387	0	86.620

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule C contains a response or note to any line in this Part IX  Tool on Include amounts reported on lines 6b., Tool expenses Properties  Tool expenses Properties  Contain and the sealization to Contain a response or note to any line in this Part IX  Tool expenses Properties  Contain and the sealization to Contain a response or note to any line in this Part IX  Tool expenses Properties  Contain and the sealization to format domaic in individuals. See Part IX, line 22  Grants and other assistance to foreign organizations, Energy governments, and foreign organizations. Energy governments, and foreign organizations. Energy organizations, Energy governments, and foreign organizations. Energy organizations, English orga	OCCI	Charle if Schodula O contains a rea			complete column (A).	
Touri origeness   Pergama server   Per	D		:		(C)	
Comparison of current Orders and See Port IV, Inc. 2   Comparison of Commission of Commission of Comparison of Commission of Comparison of Commission of Commission of Comparison of Commission of C				Program service	Management and	Fundraising
and connect governments. See Part IV, Inc 21 Grants and other assistance to domestic includiculasis. See Part IV, Inc 22 Grants and other assistance to foreign organizations, fowing governments, and foreign includiculasis. See Part IV, Inc 22 Grants and other assistance to foreign organizations, fowing governments, and foreign includiculasis. See Part IV, Inc 22 Benefits patie to or for members  6 Compensation not included above, to disqualified persons (see diseful under section 4958(fi(1)) and persons described in section 4958(fi(1)) and 1958 (file and 4050) employee contributions in the section 4958(file) and 4050 employee contributions in the section 4958(file) and 4050 employee contributions in the section 4958(file) and 4050 employee contributions in 4958 (file) and 4958 (file) and 4958 (file) and				expenses	general expenses	expenses
2 Grants and other assistance to domestic individuals. See Part IV, line 5 and 16 and particular to the self-section of comparison of current officials of the self-section of current of the self-section of current officials of the self-section of current of the self-section of current officials of the self-section of current of the section of t	•	•				
Individuals   See Part   V line 2	2					
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation of current officers, directors, trustees, and key employees  7 Compensation of current officers (sold) and expense (sold) and except of the person described in section 4958(f)(f) and persons described in section 4958(f)(f) and person described in section 4958(f)(f) and person described in section 4958(f)(f) and 403(f) employee benefits  9 Compensation of current officers in the first of the first officers officers of the first officers of the first officers officers of the first officers of the first officers of the first officers officers of the first officers of the firs	_					
Comparisations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3					
Individuals See Part IV, lines 15 and 16	Ū					
Banefits paid to or for members						
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(()()(8)) 7 Other salaries and wages 8 Pension plan acruals and contributions (include section 401(4) and 405(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11,765 5,506 12,810 13,765 5,506 14,818 3,441 15 Peas for services (non-employees): 8 Management 1 Legal 9 Caccounting 7,650 7,650 1 Caccounting 7,650 7,650 1 Caccounting 8 Professional fundraising services. See Part IV, line 7 1 Investment management fees 9 One; If line 1g service texcelled (c) 1 Caccounting 1 Carrent (line 1g services) stockeds (c) 1 Caccounting 1 Carrent (line 1g services) stockeds (c) 1 Caccounting 1 Carrent (line 1g services) stockeds (c) 1 Caccounting 1 Carrent (line 1g services) stockeds (c) 1 Caccounting 1 Carrent (line 1g services) stockeds (c) 1 Caccounting 1 Carrent (line 1g services) stockeds (c) 1 Caccounting 1 Carrent (line 1g services) stockeds (c) 1 Caccounting 1 Carrent (line 1g services) stockeds (c) 1 Caccounting 1 Carrent (line 1g services) stockeds (c) 1 Caccounting 1 Carrent (line 1g services) stockeds (c) 1 Caccounting 1 Carrent (line 1g services) stockeds (c) 1 Caccounting (line 1g services) stockeds (c	4					
trusties, and key employees Compensation not included above, to disqualified persons (as defined under section 4960(f(1)) and persons described in section 4960(f(1)) and (2) and 40(0) employe contributions (include section 4970) and 40(0) employe contributions (include section 4970) and 40(0) employee contributions (include section 4970) and 40(0) employees:  a Management   Foes for services (non-employees):  a Management   Legal						
6 Compensation not included above, to disspallifed persons (as defined under section 4958()(3)(8) and parsons described in section 4958()(3)(8) and 4958()(3)(8) and 4958()(3)(8) encloyer contributions (include section 4018) and 4018) encloyer contributions (include section 4018) and 4018 enclosed (include section 4018) and 4018 enclosed (include section 4018) enc		-				
persons (as defined under section 4988(f)(1)) and persons described in section 4988(s)(3)(8)  7 Other salaries and wages  8 Penson plan accruals and contributions (include section 401) and 400(b) employer contributions  9 Other employee benefits  13,816  7,800  7,800  7,800  9 Other employee benefits  3,816  13,765  5,506  4,818  3,441  11 Fees for services (non-employees):  a Management  b Legal  c Accounting  Professional fundraising services. See Part IV, line 17  f Investment management fees  9 Other (file in genome exceeds 50% of line 25, column (A) amount, list line 19 generates on Schedule 0.)  10,353  10,3	6					
Persion plan accruals and contributions (include section 401(k) and 405(k) persiphyre contributions)   7,800   7,800   7,800   7,800   9   7,800	•					
7 Other salaries and wages						
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  3,816  3,816  3,816  3,816  3,816  3,816  13,765  5,506  4,818  3,441  1Fees for services (non-employees):  a Management  b Legal  C Accounting  7,650  7,650  7,650  7,650  7,650  7,650  7,650  7,650  7,650  7,650  7,650  7,650  7,650  10 Payrett Taylor (and assing services See Part IV, line 17 (investment management fees)  9 Other (filter 11₂ amount exceeds 10½ of line 25, column (A) amount, list line 11₂ apresses on Steebule 0.)  10,353	7		166,515	66,606	58,280	41,629
section 401(k) and 403(b) employer contributions) 9				307000		3=73=5
10 Payroll taxes	-		7,800		7,800	
10 Payroll taxes	9		3,816		3,816	
11 Fees for services (non-employees):  a Management b Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, little 11g expenses on Schedule C) 10, 353 110, 353 12 Advertising and promotion 13 Office expenses 17, 480 2, 992 2, 992 1, 496 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 12 Payments to affiliates 12 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule C) a Land acquisition costs b Memberships 33, 162 16, 581 16, 581 16, 581 26 Joint costs. Complete this line only if the organization reported in cobine for some combined educational campaign and fundraising solicitation. Check here ▶	10		13,765	5,506	4,818	3,441
a Management b Legal c Accounting c Accounti			- ,	- /	,	- /
b Legal c Accounting 7,650 7,650 7,650 7,650 1  d Lobbying Professional fundraising services. See Part IV, line 17		· · · · ·				
c Accounting	_					
d Lobbying e Professional fundraising services. See Part IV. line f Investment management fees g Other. (filme 1tg amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 10, 353		Accounting	7,650		7,650	
e Professional fundraising services. See Part IV, line of threwstment management fees	d	Landa la colonia	,		,	
f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)  12 Advertising and promotion  13 Office expenses 7, 480 2, 992 2, 992 1, 496  14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 22 Depreciation, depletion, and amortization 12 Insurance 13 Office expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 14 I Land acquisition costs 15 Memberships 16 Occupancy 17 Travel 18 Payments to affiliates 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 12 A 384 13 Insurance 14 Other expenses Interior expenses on to covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 15 I Land acquisition costs 15 A 3, 124 16 Jana (CC/Investment Fees) 16 A 3, 124 17 Travel 18 Payments to affiliates 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 19 Conferences, conventions, and meetings 10 Interest 10 Interest 11 Payments to affiliates 12 Other expenses in file 24e. If line 24e. If li	е		7			
g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g amount exceeds 10% of line 25, column (A) amount, list line 12d expenses on Schedule O.)  10, 353	f					
12   Advertising and promotion	g					
12   Advertising and promotion	_	(A) amount, list line 11g expenses on Schedule O.)	10,353	10,353		
13 Office expenses	12					
14 Information technology       15 Royalties         16 Occupancy       15,940         17 Travel       15,940         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       5 Conferences, conventions, and meetings         19 Conferences, conventions, and meetings       20 Interest         21 Payments to affiliates       2,384         22 Depreciation, depletion, and amortization Insurance       2,384         23 Insurance       9,485         24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)       241,613         a Land acquisition costs       241,613       241,613         b Memberships       33,162       16,581         c Land Management Costs       3,124       3,124         d Bank/CC/Investment Fees       3,094       3,094         e All other expenses       5,363       1,966       2,413       984         25 Total functional expenses. Add lines 1 through 24e       531,544       351,835       115,578       64,131         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       15,44       351,835       115,578       64,131			7,480	2,992	2,992	1,496
15 Royalties 16 Occupancy 15,940 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 39,485 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Land acquisition costs b Memberships 33,162 16,581 16,581 c Land Management Costs 3,124 d Bank/CC/Investment Fees 3,094 e All other expenses 5,363 1,966 2,413 984 531,544 351,835 115,578 64,131 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	14	Information technology				
16 Occupancy	15					
Travel  Rayments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings  Interest  Payments to affiliates  Depreciation, depletion, and amortization  Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  Land acquisition costs  Memberships  Land Management Costs  Bank/CC/Investment Fees  All other expenses  All other expenses  S, 363  1, 966  2, 413  984  20  2, 384  2, 384  2, 384  2, 384  2, 384  2, 384  2, 384  2, 384  2, 384  2, 384  2, 384  2, 384  2, 384  2, 384  3, 485  40  All other expenses on Schedule 0.)  All other expenses on Schedule 0.)  Bank/CC/Investment Fees  All other expenses  S, 363  1, 966  2, 413  984  25 Total functional expenses. Add lines 1 through 24e  Soll functional expenses. Add lines 1 through 24e  Soll functional expenses. Add lines 1 through 24e  Soll functional expenses on the plant of the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if	16	Occupancy	15,940		15,940	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  10 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column  (A) amount, list line 24e expenses on Schedule O.)  a Land acquisition costs  b Memberships  c Land Management Costs  d Bank/CC/Investment Fees  e All other expenses  5, 363  1, 966  2, 413  984  531, 544  351, 835  115, 578  64, 131  64, 131  65  66  67  68  69  69  69  69  69  69  69  69  69	17					
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 22 Assembly 1 Insurance 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a Land acquisition costs b Memberships c Land Management Costs d Bank/CC/Investment Fees 3, 124 3, 124 d Bank/CC/Investment Fees 4, Il other expenses. Add lines 1 through 24e 531, 544 351, 835 115, 578 64, 131  25 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	18		\$			
20		for any federal, state, or local public officials				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a Land acquisition costs b Memberships c Land Management Costs d Bank/CC/Investment Fees e All other expenses 241,613 241,613 241,613 241,613 241,613 241,613 241,613 241,613 241,613 241,613 241,613 241,613 241,613 241,613 241,513 241,613 241,613 241,613 241,613 241,613 241,613 241,613 241,513 241,6	19	Conferences, conventions, and meetings				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a Land acquisition costs b Memberships c Land Management Costs d Bank/CC/Investment Fees e All other expenses 5, 363 1, 966 2, 413 984 25 Total functional expenses. Add lines 1 through 24e 531, 544 351, 835 115, 578 64, 131 5578 64, 131 5578 64, 131	20	Interest				
23 Insurance 9,485 9,485  24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a Land acquisition costs 241,613 241,613  b Memberships 33,162 16,581 16,581  c Land Management Costs 3,124 3,124  d Bank/CC/Investment Fees 3,094 3,094  e All other expenses. Add lines 1 through 24e 531,544 351,835 115,578 64,131  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	21					
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a Land acquisition costs b Memberships c Land Management Costs d Bank/CC/Investment Fees e All other expenses  5,363 1,966 2,413 984 25 Total functional expenses. Add lines 1 through 24e  531,544 531,544 531,835 115,578 64,131	22	Depreciation, depletion, and amortization .				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a Land acquisition costs b Memberships c Land Management Costs d Bank/CC/Investment Fees e All other expenses  5,363 1,966 2,413 984 25 Total functional expenses. Add lines 1 through 24e 531,544 351,835 115,578 64,131	23	Insurance	9,485		9,485	
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)   a   Land acquisition costs   241,613   241,613     b   Memberships   33,162   16,581   16,581     c   Land Management Costs   3,124   3,124     d   Bank/CC/Investment Fees   3,094   3,094     e   All other expenses   5,363   1,966   2,413   984     25   Total functional expenses. Add lines 1 through 24e   531,544   351,835   115,578   64,131     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	24	Other expenses. Itemize expenses not covered				
(A) amount, list line 24e expenses on Schedule O.)  a Land acquisition costs  b Memberships  c Land Management Costs  d Bank/CC/Investment Fees  e All other expenses  Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   (A) amount, list line 24e expenses on Schedule O.)  241, 613  241, 613  241, 613  33, 162  16, 581  3, 124  3, 124  3, 094  2, 413  984  25 Total functional expenses. Add lines 1 through 24e  531, 544  351, 835  115, 578  64, 131						
a Land acquisition costs b Memberships c Land Management Costs d Bank/CC/Investment Fees e All other expenses  Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 124e  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						
b Memberships 33,162 16,581 16,581 c Land Management Costs 3,124 3,124 d Bank/CC/Investment Fees 3,094 3,094 e All other expenses 5,363 1,966 2,413 984 25 Total functional expenses. Add lines 1 through 24e 531,544 351,835 115,578 64,131  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				041 41		
c Land Management Costs d Bank/CC/Investment Fees e All other expenses 5,363 1,966 2,413 984  25 Total functional expenses. Add lines 1 through 24e 531,544 351,835 115,578 64,131  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	-	· · · · · · · · · · · · · · · · · · ·				4.6 = 6.1
d Bank/CC/Investment Fees e All other expenses 5,363 1,966 2,413 984  25 Total functional expenses. Add lines 1 through 24e  531,544 351,835 115,578 64,131  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	-					16,581
e All other expenses 5, 363 1, 966 2, 413 984  25 Total functional expenses. Add lines 1 through 24e 531, 544 351, 835 115, 578 64, 131  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						
Total functional expenses. Add lines 1 through 24e 531, 544 351, 835 115, 578 64, 131  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	-				0.410	004
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			5,363		2,413	
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if			531,544	351,835	115,578	64,131
from a combined educational campaign and fundraising solicitation. Check here ▶ if	26					
		from a combined educational campaign and				
		fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

Part	X Balance Sheet							
	Check if Schedule O contains a response or no	te to any	line in th	is Part X				
						(A)		(B)
						Beginning of year		End of year
1	Cash—non-interest bearing					628,266	1	899,61
2	Savings and temporary cash investments						2	
3	Pledges and grants receivable, net						3	13,57
4	Accounts receivable, net						4	
5	Loans and other receivables from current and former	officers,	directors	,				
	trustees, key employees, and highest compensated e	mployees	S.					
	Complete Part II of Schedule L						5	
6	Loans and other receivables from other disqualified p	ersons (a	as define	d under s	section			
	4958(f)(1)), persons described in section 4958(c)(3)(I	3), and co	ontributin	g employ	ers and			
	sponsoring organizations of section 501(c)(9) volunta							
S	organizations (see instructions). Complete Part II of S	Schedule	L				6	
Assets 7 o	Notes and loans receivable, net						7	
8	Inventories for sale or use						8	
9	Prepaid expenses and deferred charges						9	
10a	Land, buildings, and equipment: cost or							
	other basis. Complete Part VI of Schedule D	10a	26	,408,	162			
	Less: accumulated depreciation	10b		31,	078	26,365,253	10c	
11	Investments—publicly traded securities					1,801,671	11	1,907,24
12	Investments—other securities. See Part IV, line 11			12				
13	Investments—program-related. See Part IV, line 11			13				
14	Intangible assets			14				
15	Other assets. See Part IV, line 11			15				
	Total assets. Add lines 1 through 15 (must equal line	e 34)				28,795,190	16	29,197,51
17	Accounts payable and accrued expenses					17,862	17	14,00
18	Grants payable			18				
19	Deferred revenue						19	
20	Tax-exempt bond liabilities						20	
21	Escrow or custodial account liability. Complete Part IV						21	
Liabilities 22	Loans and other payables to current and former office							
<u> </u>	trustees, key employees, highest compensated employees	oyees, an	ıd					
<u>a</u>	disqualified persons. Complete Part II of Schedule L						22	
23	Secured mortgages and notes payable to unrelated the		es				23	
	Unsecured notes and loans payable to unrelated third	-					24	
25	Other liabilities (including federal income tax, payable							
	parties, and other liabilities not included on lines 17-2	4). Comp	lete Part	Х				
	of Schedule D					17 060	25	14.00
26	Total liabilities. Add lines 17 through 25					17,862	26	14,00
es	Organizations that follow SFAS 117 (ASC 958), c		e ► A	and				
=	complete lines 27 through 29, and lines 33 and 3					1 074 705	07	1 020 06
27	Unrestricted net assets					1,974,785 191,360		1,920,06
28						26,611,183		640,26 26,623,18
29	Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC	059\ ab			ınd	20,011,103	29	20,023,10
5	<del>-</del>	aso), cn	cck nere	: <b>►</b> a	iilu			
27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	complete lines 30 through 34.						30	
31		ont fund					31	
ช   31 ซี   32							32	
33						28,777,328		29,183,51
34	Total liabilities and net assets/fund balances					28,795,190	34	29,183,51
34	ו טומו וומטווונופט מווע דופן מטטפנט/זעוזע שמומדוניפט					20,133,130	54	20,101,01

<u> Forn</u>	1990 (2014) BARNSTABLE LAND TRUST, INC. 22-2483963			Pag	e <b> </b> 2
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		31,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2		31,5	
3	Revenue less expenses. Subtract line 2 from line 1	3		19,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,77	77,3	328
5	Net unrealized gains (losses) on investments	5	5	6,3	360
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	29,18	33,5	<u> 13</u>
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2014)

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

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.

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

Open to Public Inspection

Employer identification number Name of the organization BARNSTABLE LAND TRUST, INC. 22-2483963 **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 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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: 5 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations

<b>g</b> Provide the follo	wing information about the	supported organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		(	Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

22-2483963

Page 2

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	696, 647	1,798,476	1,805,556	539,682	794,362	5,634,723
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	696,647	1,798,476	1,805,556	539,682	794,362	5,634,723
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						5,634,723
	etion B. Total Support					ı	3,034,723
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
7	Amounts from line 4	696,647	1,798,476			<del>                                     </del>	5,634,723
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,001	54,165				219,105
9	Net income from unrelated business activities, whether or not the business is regularly carried on			29,000			29,000
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	89,765	120,013	115,100	86,948	79,477	491,303
11	<b>Total support.</b> Add lines 7 through 10					10	6,374,131
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for th	•	rst, secona, tnira, i	fourth, or fifth tax y	ear as a section t	501(c)(3)	
500	organization, check this box and stop he stion C. Computation of Public S						
14				(f))		14	00.409/
	Public support percentage for 2014 (line Public support percentage from 2013 Scl						88.40 % 87.89 %
162	Public support percentage from 2013 Sci 33 1/3% support test—2014. If the organization	neuule A, Fart II, II	ne 14	12 and line 14 i	is 22 1/29/ or more	o chock this	81.8976
IVa	box and <b>stop here.</b> The organization qua			zation			► X
b	33 1/3% support test—2013. If the organization que	-				 r more	F
•	check this box and <b>stop here.</b> The organ						▶ □
17a	10%-facts-and-circumstances test—2	•				line 14 is	
	10% or more, and if the organization mee	_					
	Part VI how the organization meets the "forganization	acts-and-circumst	ances" test. The c	organization qualifi	es as a publicly s	upported	▶ □
b	10%-facts-and-circumstances test—2						
-	15 is 10% or more, and if the organization	•					
	Explain in Part VI how the organization m				-		
	supported organization			•	•		▶ □
18	<b>Private foundation.</b> If the organization of instructions		x on line 13, 16a,	16b, 17a, or 17b, o	check this box and	d see	<b>&gt;</b>

Page 3

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

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

If the organization fails to qualify under the tests listed below, please complete Part II.)

<u> </u>	tion A Public Support	quality under	the tests liste	a below, pleas	e complete Pa	art II.)	
	tion A. Public Support	(=) 0010	(h) 0011	(=) 0010	(4) 0010	(a) 0014	(f) Tatal
1	Gifts, grants, contributions, and membership	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d</b> ) 2013	(e) 2014	(f) Total
	fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	,		_	1	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d</b> ) 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for th	•	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop he						▶ ∟
Sec	tion C. Computation of Public S						
15	Public support percentage for 2014 (line	8, column (f) divid	led by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2013 Sch						%
Sec	tion D. Computation of Investm					, .	
17	Investment income percentage for 2014	(line 10c, column	(f) divided by line	13, column (f))		17	%
18	Investment income percentage from 2013	<b>3</b> Schedule A, Par	rt III, line 17			18	%
19a	33 1/3% support tests—2014. If the org	anization did not					
	17 is not more than 33 1/3%, check this b	oox and <b>stop her</b>	<b>e.</b> The organizatio	n qualifies as a pu	blicly supported o	rganization	<b> </b>
b	33 1/3% support tests—2013. If the org	janization did not	check a box on lin	e 14 or line 19a, a	and line 16 is more	than 33 1/3%, and	
	line 18 is not more than 33 1/3%, check t	his box and <b>stop</b>	here. The organiz	ation qualifies as	a publicly support	ed organization	<b>&gt;</b>
20	Private foundation. If the organization of	did not check a bo	x on line 14, 19a,	or 19b, check this	box and see instr	uctions	

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2	**************	***************
3a		
Ja		
3b		
3c		
4-		
4a		
4b		
4c		
-		
5a		
5b		
5c		
6		
7		
8		
9a		
9b	***************************************	
9c		
10a		

		-2483963		Page 5
<u>Par</u>	t IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	NO
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>			
	ion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	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 <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			I
			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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Socti	the supported organization(s). ion D. All Type III Supporting Organizations	1		
Secti	ion b. All Type in 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		163	140
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior	tay		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	iux		
	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 <b>Part VI</b> how	,		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e instructions):		
а	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government en	itity (see instructions	s).	
2 4	Nativities Test Anguer (a) and (b) helew	ļ	Voo	No
	Activities Test. <b>Answer (a) and (b) below.</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	a		
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

trustees of each of the supported organizations? Provide details in Part VI.

3a

Schedule A (Form 990 or 990-EZ) 2014 BARNSTABLE LAND TRUST, INC		ZZ-Z483	963 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			All
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No			All
other Type III non-functionally integrated supporting organizations must complete Section A - Adjusted Net Income	ons A	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		, , ,
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
<b>c</b> Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integrated	Туре	III supporting organization	ı (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

***********	ule A (Form 990 or 990-EZ) 2014 BARNSTABLE LAND T		22-2483	3963 Page 7
Par		Supporting Organ	izations (continued)	Current Veer
	ion D - Distributions  Amounts paid to supported organizations to accomplish exempt purported.	0000		Current Year
1				
2	Amounts paid to perform activity that directly furthers exempt purpose organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	norted organizations		
4		ported organizations		
	Amounts paid to acquire exempt-use assets  Ouglified act aside amounts (prior IDS approval required)			
<u>5</u>	Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Ţ.	ration is responsive		
0	Distributions to attentive supported organizations to which the organizations details in <b>Part VI</b> ). See instructions	zation is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	(:)	(ii)	/:::\
	Ocalies E. Bistellestics Allegations (see bedeen the ex-	(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	Distributable agreement from 2014 forms Ocations O. line O.		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
<u>a</u>				
<u> </u>				
<u>c</u>				
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
<u> </u>	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С		l		

Schedule A (Form 990 or 990-EZ) 2014

**d** Excess from 2013 . . .

e Excess from 2014 . . .

Schedule A	(Form	990 or 990	-EZ) 2014	BARNS	TABLE	LAND	TRUST	, INC		22-2	483963	Page 8
Part VI	Sı	ıppleme	ntal Info	rmation	. Provide	the expl	anations i	required	by Part II.		t II, line 17a	or 17b; and
Part	II,	Line	10 -	Other	Incor	ne De	tail					
Other	in	come					\$	41	1,826			

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

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

► Attach to Form 990.

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

2014
Open to Public Inspection

Name of the organization **Employer identification number** BARNSTABLE LAND TRUST, INC. 22-2483963 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year \_\_\_\_\_ 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Conservation Easements.** Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). **X** Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure  $\overline{\mathbf{X}}$  Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements ..... 50 2a **b** Total acreage restricted by conservation easements 350.00 c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > 1 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes X No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **▶**\$ 14,351 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Assets included in Form 990, Part X .....

a Revenue included in Form 990, Part VIII, line 1

	organization by:					Yes	No		
	(i) unrelated organizations								
	(ii) related organizations								
b	b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?								
4	Describe in Part XIII the intended uses of the	organization's endowmen	t funds.						
Pε	rt VI Land, Buildings, and Equi	pment.							
	Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book	value			
				ſ	ı				

Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	(investment)	(other)	depreciation	
1a Land	26,373,058			26,373,058
<b>b</b> Buildings				
c Leasehold improvements				
<b>d</b> Equipment		35,104	31,078	4,026
<b>e</b> Other				
Total. Add lines 1a through 1e. (Column (d) n	nust equal Form 990, Part X, co	lumn (B), line 10c.)	<b>&gt;</b>	26,377,084

Schedule D (Form 990) 2014

_	2
Page	.5
· ago	_

	FOIII 990) 2014 BARNSTABLE LAND INUS	I, INC.	22-2463363	rage .
Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" to	to Form 990 Part I	V line 11h See Form 990 Pa	rt X ling 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)		Cost or end-of-year market	et value
(1) Financial				
	eld equity interests			
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII		<b>-</b>		
	Complete if the organization answered "Yes" t	to Form 990, Part I	V, line 11c. See Form 990, Pa	rt X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
(1)			Cost or end-of-year marke	et value
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	•		
	Complete if the organization answered "Yes" t	to Form 990, Part I	V, line 11d. See Form 990, Pa	
(1)	(a) Description			(b) Book value
(1)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" line 25.	to Form 990, Part I	V, line 11e or 11f. See Form 9	90, Part X,
1.	(a) Description of liability	(b) Book value	_	
	income taxes		_	
(2)			_	
(4)				
(5)				
(6)			_	
(7)			_	
(8)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 25.) ▶			
	runcertain tax positions. In Part XIII, provide the text of the fo	ootnote to the organizati	ion's financial statements that reports	the

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

Sche	edule D (Form 990) 2014 BARNSTABLE LAND TRUST, IN	C.	22-2483963	Page 4
	art XI Reconciliation of Revenue per Audited Financial S			
	Complete if the organization answered "Yes" to Form 9			
1	Total revenue, gains, and other support per audited financial statements		1	982,290
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a	56,360	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	44,561	
е	Add lines 2a through 2d		2e	100,921
3	Subtract line 2e from line 1		3	881,369
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
	Add lines <b>4a</b> and <b>4b</b>		4c	201 26
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			881,369
Pä	Reconciliation of Expenses per Audited Financial			eturn.
	Complete if the organization answered "Yes" to Form 9			FEC 101
	Total expenses and losses per audited financial statements			576,105
	· · · · · · · · · · · · · · · · · · ·	1 _ 1		
a		2a		
b	Prior year adjustments	2b		
C	Other losses	2c	44 561	
d	Other (Describe in Part XIII.)	2d	44,561	44 561
е	Add lines 2a through 2d		2e	44,561
3	Subtract line 2e from line 1			531,544
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	F21 F44
************	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	·)	j	531,544
	art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Dort IV lines 1h	and Ohi Dart V. line 4: Dart	V line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p			A, IIIIe
	art II, Line 9 - Accounting for Conserv	•		
<del></del> .	art II, line 3 - Accounting for conserv	acion E	isements	
E	asements are expensed when purchased.	They are	not recorded	l as an asset
0	n the balance sheet.			
D	art XI, Line 2d - Revenue Amounts Incl	idad in E	'inanciale - C	\+hor
<del></del> .	art Ar, fille zu – Revenue Amounts inch	ided III F	Indictats - C	CHEL
F	undraising expenses		\$	44,561
	······································		· · · · · · · · · · · · · · · · · · ·	
P	art XII, Line 2d - Expense Amounts Incl	Luded in	Financials -	Other
E-	undraising expenses		ė	44,561
···	undraising expenses			44,561
• • • •				

Schedule D (F	form 990) 2014	BARNSTABLE	<b>LAND TRUST,</b> (continued)	INC.	22-2483963	Page <b>5</b>
Fait Aili	Suppleme	itai imormation (	continuea)			
•						

#### **SCHEDULE G** (Form 990 or 990-EZ

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Internal Revenue Serv	vice	▶ Info	rmation about Sche	dule G (Form 990 or 9	90-EZ)	and its	instructions is at www.irs.ç	gov/form990.	Inspection
Name of the organizat	ARNSTABLE	LAND TR	RUST, INC	•				Employer identification number 22–2483963	
Part I	Fundrais	sing Activities D-EZ filers are	S. Complete in not required	f the organiza to complete t	tion : his p	ansv art.	vered "Yes" to For	m 990, Part IV,	line 17.
							s. Check all that apply.		
<b>a</b> Mail so	olicitations			Solicitation	of no	n-go\	vernment grants		
<b>b</b> Interne	et and ema	I solicitations	1	f Solicitation	of go	vernr	ment grants		
c Phone	solicitation	ıs	9	g 🗌 Special fur	ndraisi	ing ev	vents		
d In-pers	on solicita	tions							
or key emp <b>b</b> If "Yes," list	oloyees list t the ten hi	ed in Form 990, F	art VII) or entity uals or entities (	in connection with	n profi uant to	essio o agre	officers, directors, trus nal fundraising service eements under which t	s?	Yes No
		address of individual ity (fundraiser)		(ii) Activity	custo	d fund- have ody or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
					Yes				
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total						. •			
3 List all state registration			is registered or	licensed to solicit	contri	ibutio	ns or has been notified	l it is exempt from	

Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		events with gro	oss receipts greater than \$	5,000.		
ø.			(a) Event #1  Gifts from the (event type)	(b) Event #2	(c) Other events  None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gros	ss receipts	91,667			91,667
		s: Contributions s income (line 1 minus	12,890			12,890
		2)	78,777			78,777
	4 Cash	h prizes				
	5 None	cash prizes	15,239			15,239
Direct Expenses	6 Rent	t/facility costs	10,575			10,575
	<b>7</b> Food	d and beverages <sub>.</sub>	7,679			7,679
	8 Ente	ertainment	1,200			1,200
		er direct expenses	9,818			9,818
	10 Direct 11 Net i art III	income summary. Su	. Add lines 4 through 9 in column <u>abtract line 10 from line 3, column</u> plete if the organization an	(d)		44,511 34,266
	art m		on Form 990-EZ, line 6a.	swered tes to rolling	90, Fait IV, lille 19, 01 I	eported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
- B	1 Gros	ss revenue				
Expenses	2 Cash	h prizes				
ect Expe		cash prizes				
Dire		t/facility costs				
	5 Othe	er direct expenses	Yes %	Yes %	Yes %	
	6 Volu	inteer labor	No No	No	No	
			. Add lines 2 through 5 in column		·····	
	8 Net (	gaming income sumr	mary. Subtract line 7 from line 1, c	column (d)	<u></u>	
9			e organization conducts gaming a conduct gaming activities in eac			V     N -
	If "No," e	-	o conduct gaming activities ill eac	n or these states!		[ 165 [ NC
	Were an	ny of the organization	's gaming licenses revoked, susp	ended or terminated during the	tax year?	Yes No
~	,					

Sche	dule G (Form 990 or 990-EZ) 2014	BARNSTABLE	LAND	TRUST,	INC.	22-248396	i3	Page <b>3</b>
1	Does the organization conduct gaming							Yes No
2	Is the organization a grantor, beneficial							
	formed to administer charitable gaming							Yes No
13	Indicate the percentage of gaming activ						ш	
а		•				13a	ĺ	%
_	The organization's facility					13b		
b	An outside facility							70
14	Enter the name and address of the per	son who prepares the	organizatio	n's gaming/sp	eciai events bo	oks and		
	records:							
	Name >							
	Address ▶							
I5a	Does the organization have a contract	with a third party from	whom the o	organization re	eceives gaming			
	revenue?							Yes No
b	If "Yes," enter the amount of gaming re	venue received by the	organizatio	on <b>▶</b> \$		and the		
	amount of gaming revenue retained by	the third party ▶ \$						
С	If "Yes," enter name and address of the				•			
	Name ▶							
	Address ▶							
16	Gaming manager information:							
	Name ▶							
	Gaming manager compensation ▶ \$							
	Description of services provided ▶							
	Director/officer Emp	loyee In	dependent	contractor				
		,	•					
17	Mandatory distributions:							
а	Is the organization required under state	e law to make charitable	e distributio	ons from the a	aming proceeds	s to		
	rotain the state gaming license?			•	• .			Yes No
b	Enter the amount of distributions requir							
-	spent in the organization's own exempt				p. o.g			
Pai	t IV Supplemental Informa				ed by Part I.	ine 2b, columns (iii) an	d (v)	and
00000000000	Part III, lines 9, 9b, 10b,							
	instructions).	, , ,	,	• •	•	,		`
• • •								

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

BARNSTABLE LAND TRUST, INC.

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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

Employer identification number

22-2483963

Types of Property Part I (c) (a) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art — Works of art ..... 1 Art — Historical treasures ...... 2 Art — Fractional interests ...... 3 Books and publications ..... 4 5 Clothing and household goods Cars and other vehicles ..... 6 7 Boats and planes Intellectual property ..... 8 Securities — Publicly traded .... 60,866 Stock Market Price 8 9 10 Securities — Closely held stock Securities — Partnership, LLC, 11 or trust interests ..... Securities — Miscellaneous ..... 12 13 Qualified conservation contribution — Historic

Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? X **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard X 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a X contributions? If "Yes," describe in Part II.

29

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

describe in Part II.

structures

contribution — Other ..... Real estate — Residential .....

Real estate — Commercial .....

Real estate — Other Collectibles .....

Food inventory .....

Drugs and medical supplies .....

Taxidermy Historical artifacts .....

Scientific specimens .....

Archeological artifacts .....

Other ►( \_\_\_\_\_)

Other ▶( .....)

....)

Qualified conservation

14

15

16 17

18

19

20 21

22

23

24 25

26

27

28 29 Other ►(

Schedule M (Form 990) (2014)

Schedule M (Form	1 990) (2014)	BARNS'	TABLE	LAND 'I	rust,	INC.		22-248	83963		Page <b>Z</b>
Part II	the orga	<b>mental Inf</b> Inization is Inbination o	reporting	in Part I,	column (	b), the nu	ımber of co	ontribution	s, the numb	and 33, and w per of items re	hether ceived,
				·	•						
										•••••	
,											

SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public

Name of the organization

BARNSTABLE LAND TRUST, INC.

Employer identification number 22–2483963

Form 990, Part VI, Line 11b - Organization's Process to I	Review 1	Form 990
THE FORM 990 IS PREPARED BY THE EXTERNAL AUDITORS BASED O	ON INFO	RMATION
PROVIDED BY THE ORGANIZATION. THE FORM, INCLUDING ALL SO	CHEDULE	S, IS THEN
REVIEWED BY THE EXECUTIVE DIRECTOR WITH MANAGEMENT. REV	ISIONS A	ARE MADE AS
NECESSARY.		
Form 990, Part VI, Line 19 - Governing Documents Disclosu	ıre Exp	lanation
THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE	LE AT T	HE OFFICE OF
THE SECRETARY OF STATE OF THE COMMONWEALTH OF MASSACHUSE	rts. T	HE ANNUAL
AUDITED FINANCIAL STATEMENTS ARE ATTACHED TO MASSACHUSET	'S FORM	PC FILED
EVERY YEAR WITH ATTORNEY GENERAL OF THE COMMONWEALTH OF M	MASSACH!	JSETTS AND
ARE AVAILABLE FOR PUBLIC INSPECTION AT THAT OFFICE. THE	ORGANI	ZATION DOES
NOT MAKE ITS BY-LAWS OR ITS CONFLICT OF INTEREST POLICY	AVAILAB	LE TO THE
NOT MAKE ITS BY-LAWS OR ITS CONFLICT OF INTEREST POLICY A	AVAILAB	LE TO THE
	AVAILAB	LE TO THE
		LE TO THE
GENERAL PUBLIC.  Form 990, Part XI, Line 9 - Reconciliation of Changes - 0	Other	LE TO THE 44,561
GENERAL PUBLIC.  Form 990, Part XI, Line 9 - Reconciliation of Changes - 0	Other	44,561
GENERAL PUBLIC.  Form 990, Part XI, Line 9 - Reconciliation of Changes - 0  Fundraising expenses	Other \$	44,561
GENERAL PUBLIC.  Form 990, Part XI, Line 9 - Reconciliation of Changes - 0  Fundraising expenses	Other \$ \$	44,561 -44,561
GENERAL PUBLIC.  Form 990, Part XI, Line 9 - Reconciliation of Changes - 0 Fundraising expenses Fundraising expenses	Other \$ \$ Explana	44,561 -44,561
GENERAL PUBLIC.  Form 990, Part XI, Line 9 - Reconciliation of Changes - 0 Fundraising expenses  Fundraising expenses  Form 990, Part XI, Line 9 - Other Changes in Net Assets I	Other \$ \$ Explanated that	44,561 -44,561 tion part of the
GENERAL PUBLIC.  Form 990, Part XI, Line 9 - Reconciliation of Changes - ( Fundraising expenses  Fundraising expenses  Form 990, Part XI, Line 9 - Other Changes in Net Assets I During the year ended December 31, 2014, it was discovered	Other \$ \$ Explanated that	44,561 -44,561 tion part of the

decrease to temporarily restricted net assets by \$296,173, an increase to

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization	Employer identification number
BARNSTABLE LAND TRUST, INC.	22-2483963
permanently restricted net assets of \$250,125	5, and an increase to
unrestricted net assets of \$46,048 as of Dece	ember 31, 2012.
	Page 1 of 1

Page 2

Form **4562** 

**Depreciation and Amortization** 

(Including Information on Listed Property)

► Attach to your tax return.

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

BARNSTABLE LAND TRUST, INC.

Identifying number 22-2483963

	ess or activity to which this form relates	<b>.</b>								
**********	ndirect Depreciat art I Election To Expe		norty Under C	Soction	170					
FC	Note: If you have					u con	nnlata P	art I		
1	Maximum amount (see instruction	\							1	500,000
2	Total cost of section 179 property placed in service (see instructions)									300,000
3	Threshold cost of section 179 pr	operty before reduction	on in limitation (see	e instruction	ons)				3	2,000,000
4	Reduction in limitation. Subtract		4							
5	Dollar limitation for tax year. Subtract								5	
6		on of property			usiness use			Elected cost	•	
7	Listed property. Enter the amour					7				
8	Total elected cost of section 179	property. Add amour	nts in column (c), li	ines 6 and	17				8	
9	Tentative deduction. Enter the s								9	
10	Carryover of disallowed deduction								10	
11	Business income limitation. Ente								11	
12	Section 179 expense deduction.						<u></u>		12	
13	Carryover of disallowed deduction				<b>&gt;</b>	13				
	: Do not use Part II or Part III belo				ion /Do		noludo I	انماماس	0001	tu \ (Coo instructions \
14	art II Special Deprecial Special depreciation allowance f			•			riciude	iistea pi	opei	ty. <b>)</b> (See instructions.)
14	during the tax year (see instruction		-						14	
15	Property subject to section 168(f								15	
16	Other depreciation (including AC	:RS)							16	1,812
**********	art III MACRS Deprecia									1/011
		(201101111	Secti				J. 101)			
17	MACRS deductions for assets p	laced in service in tax	years beginning b	pefore 201	4				17	572
18	If you are electing to group any assets place									
	Section B—As	ssets Placed in Serv	vice During 2014	Tax Year	Using th	e Ger	eral Dep	reciation	Syst	em
	(a) Classification of property	(b) Month and year placed in	(c) Basis for depred (business/investment)		) Recovery	(e) C	onvention	(f) Meth	nd	(g) Depreciation deduction
	(a) Glassification of property	service	only-see instruction		period	(0) 0	Onvention	(1) 10001		(g) Depresiation deduction
19a	3-year property									
b	5-year property	4								
<u>C</u>	7-year property									
	10-year property	-		-						
	15-year property	-								
1 ~	20-year property	-			25 vro			S/L		
g h	25-year property  Residential rental				25 yrs.		1414	S/L		
11	property				27.5 yrs. 27.5 yrs.		MM MM	S/L		
i		+			39 yrs.		MM	S/L		
•	property				00 y10.		MM	S/L		
		sets Placed in Service	ce During 2014 Ta	ax Year U	Ising the				n Sys	stem
20a	Class life		<u>_</u>				'	S/L		
	12-year				12 yrs.			S/L		
	40-year				40 yrs.		MM	S/L		
	art IV Summary (See in	structions.)								
21	Listed property. Enter amount fro	om line 28							21	
22	Total. Add amounts from line 12	, lines 14 through 17,	lines 19 and 20 in	column (	g), and lin	ie 21. I	Enter	-		
	here and on the appropriate lines	•		-	-see inst	ruction	ıs		22	2,384
23	For assets shown above and pla	_	the current year, e	enter the						
	portion of the basis attributable to	o section 263A costs				23				

Form **990** 

# **Two Year Comparison Report**

For calendar year 2014, or tax year beginning , ending

2013 & 2014

Name

Taxpayer Identification Number

		[7				
E	BARNSTABLE LAND TRUST, INC.				22-2	2483963
			2013	2014		Differences
	1. Contributions, gifts, grants	1.	245,598		, 566	
	2. Membership dues and assessments	2.	144,084	109	796	
_	. Government contributions and grants		150,000			-150,000
n e	4. Program service revenue	4.				
en	5. Investment income	5.	45,553	51	,064	5,511
>	6. Proceeds from tax exempt bonds	6.				
Re	7. Net gain or (loss) from sale of assets other than inventory	7.	32,619		387	-32,232
	8. Net income or (loss) from fundraising events	8.	56,432	34	, 916	-21,516
	9. Net income or (loss) from gaming	9.				
	10. Net gain or (loss) on sales of inventory	10.				
	11. Other revenue	11.	282		640	
	12. Total revenue. Add lines 1 through 11	12.	674,568	881	.,369	206,801
	13. Grants and similar amounts paid	13.				
	14. Benefits paid to or for members	14.				
e S	<b>15.</b> Compensation of officers, directors, trustees, etc.	15.				
n S	<b>16.</b> Salaries, other compensation, and employee benefits	16.	167,368	191	,896	24,528
Ð	17. Professional fundraising fees	17.				
х С	18. Other professional fees	18.	18,109		,003	
Ш	19. Occupancy, rent, utilities, and maintenance	19.	15,327		,940	613
	20. Depreciation and Depletion	20.	4,065		,384	-1,681
	21. Other expenses	21.	115,278		, 321	188,043
	22. Total expenses. Add lines 13 through 21	22.	320,147	531	,544	
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	354,421		, 825	
	24. Total exempt revenue	24.	674,568	881	, 369	206,801
	<b>25.</b> Total unrelated revenue	25.				
텵	<b>26.</b> Total excludable revenue	26.	134,886		,007	-47,879
щ	27. Total assets	27.	28,795,190	29,197		
ţ	<b>28.</b> Total liabilities	28.	17,862		,006	
<u> </u>	29. Retained earnings	29.	28,777,328	29,183	, 513	406,185
	<b>30.</b> Number of voting members of governing body	30.	15	16		
Ö	<b>31.</b> Number of independent voting members of governing body $\dots$	31.	15	16		
	32. Number of employees	32.	5	6		
	33. Number of volunteers	33.	50	50		

Form **990T** 

# **Two Year Comparison Report**

For calendar year 2014, or tax year beginning , ending

2013 & 2014

Name

Taxpayer Identification Number

BARNSTABLE LAND TRUST, INC.			22-	2483963
		2013	2014	Differences
1. Gross profit/loss on business activities	1.			
2. Capital gains/losses	_			
3. Income/loss from partnerships and S corporations	3.			
4. Rental income (net of expense)				
5. Unrelated debt-financed income (net of expense)	5.			
<b>6.</b> Interest, and other income from controlled organizations (net of exp	ense) 6.			
7. Investment income of specific organizations (net of expense)	7.			
8. Exploited exempt activity income (net of expense)	8.			
9. Advertising income (net of expense)	9.			
10. Other income	10.			
11. Total trade or business income. Combine lines 1 through	10 <b>11.</b>			
12. Compensation of officers, directors, and trustees	12.			
13. Other salaries and wages	13.			
14. Repairs and maintenance	14.			
15. Bad debts	15.			
16. Interest				
47 T	4-7			
18. Charitable contributions				
19. Depreciation and Depletion	19.			
20. Contributions to deferred compensation plans	20.			
21. Employee benefit programs				
O Othor deductions	00			
23. Total deductions. Add lines 12 through 22	23.			
24. Taxable income before NOL. Subtract line 23 from 11	24.			
•••				
<ul><li>25. Net operating loss deduction</li><li>26. Specific deduction</li></ul>	0.0	1,000		-1,000
27. Unrelated business taxable income.	27.	-1,000		1,000
		-1,000		1,000
28. Income tax (corporate or trust)	29.			
29. Proxy tax				
30. Alternative minimum tax				
31. Total taxes				
32. Other credits				
33. General business credit	33.			
34. Credit for prior year minimum tax	34.			
35. Total credits				
36. Net tax after credits	36.			
37. Recapture taxes	• • • • • • • • • • • • • • • • • • • •			
38. Total Taxes	38.			
<b>39.</b> Prior year overpayment and estimated tax payments				
<b>40.</b> Payment made with extension	40.			
41. Backup withholding and foreign withholding				
<b>42.</b> Other payments				
43. Total payments	43.			
44. Balance due/(Overpayment)	44.			
<b>45.</b> Overpayment applied to next year				
46. Penalties				
47. Total due/(Refund)	47.			

Form <b>990</b>	Tax Return History	2014
Name		Employer Identification Number
	BARNSTABLE LAND TRUST, INC.	22-2483963

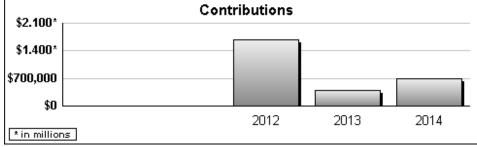
	2010	2011	2012	2013	2014	2015
Contributions, gifts, grants			1,671,156	395,598	684,566	
Membership dues			134,400	144,084	109,796	
Program service revenue						
Capital gain or loss			29,875	32,619	387	
Investment income			43,322	45,553	51,064	
Fundraising revenue (income/loss)			78,110	56,432	34,916	
Gaming revenue (income/loss)						
Other revenue			30,000	282	640	
Total revenue			1,986,863	674,568	881,369	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation			211,576	167,368	191,896	
Professional fees				18,109	18,003	
Occupancy costs			15,025	15,327	15,940	
Depreciation and depletion			3,774	4,065	2,384	
Other expenses			115,303	115,278	303,321	
Total expenses			345,678	320,147	531,544	
Excess or (Deficit)			1,641,185	354,421	349,825	
Total exempt revenue			1,986,863	674,568	881,369	
Total unrelated revenue						
Total excludable revenue			1,986,863	134,886	87,007	
Total Assets			28,302,692	28,795,190	29,197,519	
Total Liabilities			4,672	17,862	14,006	
Net Fund Balances			28,298,020	28,777,328	29,183,513	

Form <b>990T</b>	Tax Return History	2014
Name		Employer Identification Number

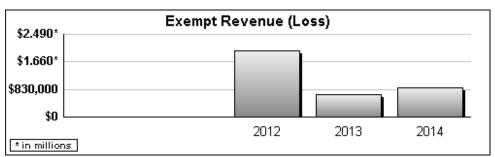
BARNSTABLE LAND TRUST, INC.

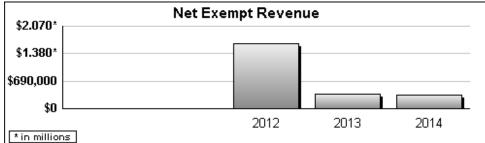
Employer Identification Number 22-2483963

	2010	2011	2012	2013	2014	2015
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
nvestment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
nterest						
axes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						·
Employee benefit programs						





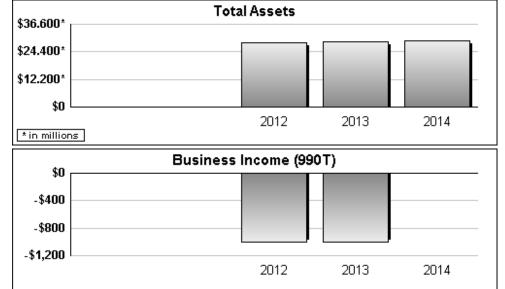


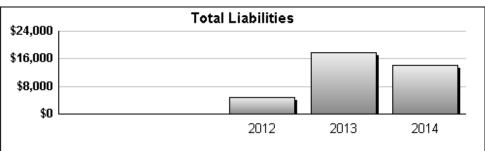


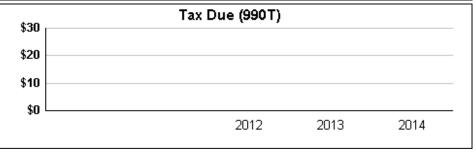
Form <b>990T</b>	Tax Return History	2014
Name		Employer Identification Number
	BARNSTABLE LAND TRUST, INC.	22-2483963

	2010	2011	2012	2013	2014	2015
Other deductions						
Net operating loss deduction						
Specific deduction			1,000	1,000		
Income after expense and deductions			-1,000	-1,000		
Income tax (corporate or trust)			·	·		
Other taxes						
l otal taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

<sup>\*</sup> Income shown net of expenses







15035 BARNSTABLE LAND TRUST, INC. 9/28/2015 3:47 PM **Federal Statements** 22-2483963 FYE: 12/31/2014 **Taxable Interest on Investments** Description Unrelated Exclusion Postal Acquired after US Business Code Code Code Obs (\$ or %) Amount 6/30/75 Interest & Dividend Income 5,661 14 Total \$ 5,661 **Taxable Dividends from Securities** Description Exclusion Postal Acquired after US Unrelated Business Code Code Code 6/30/75 Obs (\$ or %) Amount 45,403 14 45,403 Total

15035 BARNSTABLE LAND TRUST, INC.

22-2483963

**Federal Statements** 

9/28/2015 3:47 PM

FYE: 12/31/2014

Form 990, Part IX	(, Line 11g - Othe	r Fees for Service	(Non-employee)

Description	E	Total xpenses	Program Service	~ ~	jement & neral	t & Fund Raisir	
Grant writing	\$	10,353	\$ 10,353	\$		\$	
Total	\$	10,353	\$ 10,353	\$	0	\$	0

## Form 990, Part IX, Line 24e - All Other Expenses

Description	<u>E</u> :	Total xpenses	Program Service	agement & General	Fund aising
Operating Expenses Telephone/Internet Fees/Due	\$	2,536 2,380 447	\$ 1,014 952	\$ 1,014 952 447	\$ 508 476
Total	\$	5 <b>,</b> 363	\$ 1,966	\$ 2,413	\$ 984

15035 BARNSTABLE LAND TRUST, INC. 22-2483963

**Federal Statements** 

9/28/2015 3:47 PM

FYE: 12/31/2014

# Schedule A, Part II, Line 1(e)

Description	Amount
embership Dues and Assessments	\$ 109,796 166,270
	108,930
	5,160
	658 4 <b>,</b> 962
	5,000
	5,000
	85,000
	5,000 5,034
	5,000
	5,000
	6,005
	85,000
	6,068
	10,000
	1,720 25,529
	5,000
	304 5,080

15035 BARNSTABLE LAND TRUST, INC. 22-2483963

9/28/2015 3:47 PM **Federal Statements** 

FYE: 12/31/2014

### Schedule A, Part II, Line 1(e) (continued)

Schedule A, Part II, Line I(e	
Description	Amount
	\$ 7 <b>,</b> 050
	10,000
	10,000
	100 5,131
	5,000
	4,944 5,026
	5,000
	25,000
	11,000
	5,250
	5,000
	10,000
	5,000
	6,500
	5,955
IULAI	12,890 \$ 794,362

15035 BARNSTABLE LAND TRUST, INC. 22-2483963

**Federal Statements** 

9/28/2015 3:47 PM

FYE: 12/31/2014

Description	Amount
Interest & Dividend Income	\$ 5,661 45,403
Total	\$ 51,064

# Schedule A, Part II, Line 9(e)

Description	 Amount
Other Income	\$ 640
Less: Deductions	 -1,000
Total	\$ -360

# Schedule A, Part II, Line 10(e)

Description	Amount	
Other Special Events	\$	700
Gifts from the Sea	78,	777
Total	\$ <u>79,</u>	477

15035 BARNSTABLE LAND TRUST, INC.
22-2483963 Federal Statements

9/28/2015 3:47 PM

FYE: 12/31/2014

### Gifts from the Sea

# **Other Direct Fundraising or Gaming Expenses**

Description	A	Amount	
Other direct expenses	\$	9,818	
Total	\$	9,818	