COPY FOR PUBLIC INSPECTION

Form **990**

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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

2012
Open to Public

Inspection

For the 2012 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Address KANSAS LAND TRUST, INC. Doing Business As 48-1090912 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-16 EAST 13TH STREET 785-749-3297 City, town, or post office, state, and ZIP code G Gross receipts \$ 374,916. Applica-LAWRENCE, KS 66044 H(a) Is this a group return pendina F Name and address of principal officer: GINEVERA MOORE Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.KLT.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1990 M State of legal domicile: KS Part I Summary Briefly describe the organization's mission or most significant activities: TO PROTECT AND PRESERVE LANDS OF Activities & Governance NATURAL, ECOLOGICAL, SCENIC, HISTORIC, AGRICULTURAL, OR RECREATIONAL Check this box length if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 11 Number of independent voting members of the governing body (Part VI, line 1b) 11 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 3 6 Total number of volunteers (estimate if necessary) 5 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 0. Prior Year Current Year Contributions and grants (Part VIII, line 1h) 254,721 364,134. Revenue Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,028. 2,011. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,262 6,965. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 261,011 373,110. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 . 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 147,388. 173,313. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 84,719 928,988. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 232,107 102,301. Revenue less expenses. Subtract line 18 from line 12 28,904. -729,191. Beginning of Current Year End of Year Total assets (Part X, line 16) 1,477,523 748,332. Total liabilities (Part X, line 26) 0. Net assets or fund balances. Subtract line 21 from line 20 477 .523. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 8/24/2013 Sign GINEVERA MOORE, EXECUTIVE DIRECTOR Here Type or print name and title Date (28 Print/Type preparer's name PTIN Check Preparer's signature Paid CHERYL G. HAYWARD P00016097 Preparer Firm's name BERBERICH TRAHAN & COA Firm's EIN 48-1066439 Use Only Firm's address 3630 SW BURLINGAME ROAD TOPEKA, KS 66611-2050 (785)234 - 3427May the IRS discuss this return with the preparer shown above? (see instructions) Yes

Form 990 (2012) KANSAS LAND TRUST, INC. 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?	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			***************************************
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	······································	X
•	Did the organization receive or hold a conservation easement, including easements to preserve open space,		**	
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	ļ
Ü	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		37
9	Schedule D, Part III	88		X
~	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
				~
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	40		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			<u></u>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	110		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			
	the organization's liability for uncertain tax positions under FiN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	The state of the s	14a		_X_
Đ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	3		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	***************************************		~~
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		_X_
•	or entity located outside the Linited States? If "Vec " complete School II and II/			77
16	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance fo individuals	15		X
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	40		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		X
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	11		
	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 garning 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 (2012) KANSAS LAND TRUST, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u>. </u>	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22_		X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			

24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		X
#TU	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
				C
h	Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	-	X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
·	any tax-exempt honds?			
ď	any tax-exempt bonds?	24c		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	05-		v
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		X
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	O-5	A.m.		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	25b		X
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L., Part II			7.7
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		<u> X</u>
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	^-		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		X
~~	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or farmer officer diseases to the	~~		463
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		X
*	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	<u></u>	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		X
***	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	Į	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			***************************************
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36	J	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 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2012) KANSAS LAND TRUST, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V								
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	1a	3						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	H					
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	porta	ble gaming	-					
	(gambling) winnings to prize winners?			1c	X				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					***************************************			
	filed for the calendar year ending with or within the year covered by this return	2a	3						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X			
	If "Vac " has it filed a Form 900 T for this years it this " annulate an averter the in out to a			3b					
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		X			
þ	If "Yes," enter the name of the foreign country:			,					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	√cco⊓	nts.						
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa-	ction?		5b		Х			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	inization solicit	-					
	any contributions that were not tax deductible as charitable contributions?	• • • • • • • • • • • • • • • • • • • •		6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	r gifts						
	were not tax deductible?	1311		6b					
7	Organizations that may receive deductible contributions under section 170(c).					······································			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			. 7a	***************************************	X			
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired						
	to file Form 8282?			7c		X			
	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	***************************************	7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g					
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	e a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Dis	d the si	upporting						
^	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a	any tim	e during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.								
	Did the organization make any taxable distributions under section 4966?			9a					
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b]				
	Section 501(c)(12) organizations, Enter: Gross income from members or charabolders	امد							
h	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a							
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		40-					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12a					
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12b		-					
	Is the organization licensed to issue qualified health plans in more than one state?		androo	120					
-	Note. See the instructions for additional information the organization must report on Schedule O.	••••		13a					
b	Enter the amount of reserves the organization is required to maintain by the states in which the				į				
	assemble to the second at the	13b		Ì	***************************************				
¢	Enter the amount of reserves on hand	136			***************************************				
l4a	Did the amonization rapping any agreements for indiany tanaling agriculture that the same			14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b					

Form 990 (2012) KANSAS LAND TRUST, INC. 48-1090912 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		•	
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1	1	1.00	1
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	***************************************		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		1
	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		<u> </u>	- 23
	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		ļ		
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		Í	
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	- 		***
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		<u> </u>	•
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe 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	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	· ······
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Х	
þ	Other officers or key employees of the organization	155	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►KS			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	id finar	icial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion: 🕨	<u> </u>	
	KANSAS LAND TRUST, INC 785-749-3297			
	16 E 13TH ST., LAWRENCE, KS 66044-3502			

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KANSAS LAND TRUST, INC.

48-1090912

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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

- ta 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.

Name and Title	Check this box if neither the organia	(B)				C)			(D)	(E)	(F)
Nours per Week (list any hours for related organizations below line)	• •	}			Pos	itior				}	l
Companies Comp			box	. นกโฮ	ទន ១៩	rson	is bot	h an	,	3	amount of
1 DEVERLEY WORSTER				·			or/trus	tee)	from		}
DIRECTOR			FECTO			ļ			{		compensation
DIRECTOR			9 10 35	80	1		132 et			(W-2/1099-MISC)	
DIRECTOR		1	Frusk	HE		-yee	HEDE		(**************************************		and related
DIRECTOR			rêd 3ge	terion	je je	empic	lest ce	163			organizations
DIRECTOR			Ē	2	#	萘	H	Fors			_
C2 CATHERINE HAUBER	(1) BEVERLEY WORSTER	0.00	ļ						ļ		
DIRECTOR			X			ļ.,,,,			0.	0.	0.
(3) KELLY KINDSCHER	(2) CATHERINE HAUBER	0.00									
SECRETARY			X			ļ			0.	0.	0.
(4) VALERIE WRIGHT	(3) KELLY KINDSCHER	0.00									
DIRECTOR			X		X	<u> </u>			0.	0.	0.
SUSAN IVERSEN O.00 DIRECTOR X O. O.		0.00									
DIRECTOR			X	<u> </u>		ļ	<u> </u>		0.	0.	0.
Column		0.00	-			ĺ					
DIRECTOR			X	ļ					0.	0.	0.
(7) BURKE GRIGGS 0.00 VICE PRESIDENT X X 0. 0. (8) CHELSI HAYDEN 0.00 0. 0. 0. PRESIDENT X X 0. 0. (9) ELIZABETH MILLER 0.00 0. 0. 0. DIRECTOR X 0. 0. 0. (10) CHAD VOIGT 0.00 0. 0. 0. DIRECTOR X 0. 0. 0. (11) MIKE WILDGEN 0.00 X X 0. 0. TREASUER X X X 0. 0. (12) GINEVERA MOORE 40.00 0. 0. 0.		0.00									
VICE PRESIDENT			X		<u></u>	ļ			0.	0.	0.
(8) CHELSI HAYDEN		0.00							_		
PRESIDENT			X		X	<u> </u>			0.	0.	0.
(9) ELIZABETH MILLER		<u> U.UU</u>				***************************************			_	_	
DIRECTOR			X		ж.	<u> </u>	i	********	U.	<u> </u>	0.
(10) CHAD VOIGT		<u> </u>	47-			ĺ					
DIRECTOR			-4-						V • !	U.	0.
(11) MIKE WILDGEN		<u> </u>	۳.,						_	^	0
TREASUER X X 0. 0. (12) GINEVERA MOORE 40.00							<u> </u>		U •	U.	0.
(12) GINEVERA MOORE 40.00		<u> </u>	w		v				_	Λ	0
		40 00			<u> </u>	ļ Ī			V •	٧.	0.
		70.00			37				52 979	n	E 062
			-	-						<u> </u>	<u> </u>
						<u></u>				····	***************************************

			***************************************							}	
			<u> </u>								

= 141	Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			, ,,,,
	(A)	(B)	•			C)			(D)	(E)	(E)		
	Name and title	Average	 (dn			itior more	i Khan	one	Reportable	Reportable	le Estimated		
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	Ì	amoun	t of
		Week	{·	cer ar	id a c	Trecto	or/tres	see)	from	from related		othe	
		(list any hours for	frecte						the	organizations	CC	mpens	
		related	동	20			alted		organization	(W-2/1099-MISC)	į	from t	
		organizations	96;581	Kus		93	прев		(W-2/1099-MISC)			rganiza	
		below	Sua t	desa		the state of	24 CO 1					ınd rela ganiza	
		line)	individual trustoe or director	institutional trustee	Officer	Key employee	Highest compensated employee	01036			0	yanıza	uons
		***************************************	——————————————————————————————————————		ļ —			-					
		ļ							1				
***************************************				<u>.</u>	ļ			<u> </u>			_		
***************************************				 	<u>}</u>								
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	TARREST TO THE PARTY OF THE PAR					ļ	<u></u>						
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											{		
						<u> </u>							
1b	Sub-total						\blacktriangleright		52,979.	0	•	5,9	62.
c	Total from continuation sheets to Part VI	l, Section A 🏻					\blacktriangleright		0.	0			0.
<u>d</u>	Total (add lines 1b and 1c)						▶		52,979.	0	•	5,9	62.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d al	OOVE) wh	o re	ceived more than \$100	000 of reportable		· ·······•	
	compensation from the organization									•			0
					·							Yes	No
3	Did the organization list any former officer,	director, or tru	stee	e, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on		1	<u> </u>
	line 1a? If "Yes," complete Schedule J for si	uch individual								• •	3		X
4	For any individual listed on line 1a, is the su	m of reportabl	e cc	mpe	ensa	ition	and	oth	ner compensation from t	he organization		1	
	and related organizations greater than \$150),000? If "Yes,"	' coi	mple	ete S	che	dule	Jfe	or such individual		4		X
5	Did any person listed on line 1a receive or a	ccrue compen	sati	on fi	rom	any	unre	əlate	ed organization or individ	dual for services	· · · · · ·		
	rendered to the organization? If "Yes," com	olete Schedule	Jf	orsu	ich j	oers	on .				5		X
Sec	tion B. Independent Contractors						······································						
1	Complete this table for your five highest con	mpensated ind	epe	nde	nt c	ontr	acto	rs th	nat received more than 5	\$100.000 of comper	sation	from	
	the organization. Report compensation for t	he calendar ye	ar e	endir	ng w	rith c	or wi	thin	the organization's tax v	ear.			
	(A)			***************************************			***************************************		(B)			(C)	
	Name and business	address	NC	NE	Ţ.				Description of se	ervices		ensatio	n
								<u>-</u>					
			**********	·	•••								
······································										1			

	.,,									***************************************			
						PARENTE							
2	Total number of independent contractors (ir	cludina but ac	ot lin	niter	l to	thos	e lie	 ted	above) who received m	ore than	***************************************	·	
	\$100,000 of compensation from the organiz	ation >	1744			0			www.ioodivaniii	21 G ESTATE			
	3,000,000,000,000,000,000,000,000,000,0					¥						000 A	0010

Part VIII

		Check if Schedule O conta	ins a response	to any question i				<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats ots	1 a	Federated campaigns	1a			***************************************		
Contributions, Gifts, Grants and Other Similar Amounts	ı	Membership dues		·····]		
S, C	¢	Fundraising events				1 1		
# N		Related organizations						
ξ,ς E	l .	Government grants (contribution	***************************************	176,229.		***************************************		
Äά		Am in the same and				***************************************		
it the		similar amounts not included above		187,905.		***************************************		
d C	g	Noncesh contributions included in lines	1a-1f: \$			***************************************		
<u>ರ್ಷ</u>		Total, Add lines 1a-1f			364,134.	1		
				Business Code			···············	1
9	2 a							
Program Service Revenue	b							
	C							
Tar 3ev	d							
roc	е		·					
д,		All other program service rever	nue					
		Total, Add lines 2a 2f		<u></u>		-		
	3 Investment income (including dividends, interest, and							
1		other similar amounts)		▶ [2,011.	<u> </u>		2,011.
ļ	4	Income from investment of tex-				<u> </u>		
	5	Royalties		1 1				
	_		(i) Real	(ii) Personal		ļ		-
		Gross rents						
	þ	The second of th		1]		
	Ć.	Rental income or (loss)						
	d	Net rental income or (loss) Gross amount from sales of		i				<u> </u>
	7 4	assets other than inventory	(i) Securities	(ii) Other				
	h	Less: cost or other basis						
	N	and sales expenses						
ļ	c	Gain or (loss)		<u> </u>				
***************************************	ď	Net gain or (loss)		<u> </u>				
A.		Gross income from fundraising			,		· · · · · · · · · · · · · · · · · · ·	<u> </u>
Other Revenue		including \$,		;			
eve		contributions reported on line 1	***************************************					
ᇤ		Part IV, line 18		8,379.		İ		
¥	b	Less: direct expenses	b					
٠ ا		Net income or (loss) from fundr		>	6,573.			6,573.
ļ	9 a	Gross income from gaming acti						
1		Part IV, line 19	a			}		***************************************
***************************************	þ	Less: direct expenses	b					
***************************************		Net income or (loss) from gamir	-	<u>,</u>				
***************************************	10 a	Gross sales of inventory, less re						
		and allowances	a					
		Less: cost of goods sold						100
ŀ	<u> </u>	Net income or (loss) from sales		· · · · · · · · · · · · · · · · · · ·	150.	150.		
Ĺ		Miscellaneous Revenue		Business Code				***************************************
***************************************		OTHER		999999	242.	242.		\$
ĺ	b					····		1
	Ç	All other revenue						
ļ	u a	All other revenue			242			
	12	Total revenue. See instructions.			242. 373,110.	392.		8,584.
232000			************		<u> </u>	274.	0.	0,004.

Form 990 (2012) KANSAS LAND TI Part IX Statement of Functional Expenses

7b.	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and		expenses	general expenses	expenses
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in			·	
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	66,658.	49,994.	16,664.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			***************************************	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	88,352.	70,362.	17,990.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,731.	1,379.	352.	
9	Other employee benefits	5,590.	4,451.	1,139.	
10	Payroll taxes	10,982.	8,537.	2,445.	
11	Fees for services (non-employees):	***************************************			
	Management				
	Legal	4,884.	4,884.		
¢	Accounting	7,000.	7,000.		
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	2			
	column (A) amount, list line 11g expenses on Sch O.)		·····		~
	Advertising and promotion				
13	Office expenses	12,185.	10,024.	2,161.	
14 15	Information technology	660.	495.	165.	
16	Royalties	10 240	0 000		
	Occupancy	12,349.	9,262.	3,087.	
18	Travel	3,047.	2,285.	762.	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,579.	395.	1,184.	
20	Interest	<u> </u>	3334	1,104.	
1	Payments to affiliates	· · · · · · · · · · · · · · · · · · ·			
	Depreciation, depletion, and amortization	····			
23	Insurance	2,533.	1,900.	633.	
24	Other expenses, Itemize expenses not covered		1,,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	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	ARMY COMPATIBLE USE BUF	849,950.	849,950.	*	
	TITLE	21,476.	21,476.		
	FUNDRAISING	6,735.			6,735
	DUES & SUBSCRIPTIONS	4,131.		4,131.	~,,~
	All other expenses	2,459.	2,013.	446.	
	Total functional expenses. Add lines 1 through 24e	1,102,301.	1,044,407.	51,159.	6,735
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			***************************************	
	educational campaign and fundraising solicitation.	1		***************************************	

Form 990 (2012)
Part X Balance Sheet

		Check if Schedule O contains a response to an	y questi	on in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	, , , ,		1,034,353.		71,775.
	2	Savings and temporary cash investments			411,392.	2	644,779.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					······································
		trustees, key employees, and highest compens	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual		-			
		section 4958(f)(1)), persons described in section	n 4958(c	(3)(B), and contributing			
	***************************************	employers and sponsoring organizations of sec					
	***************************************	employees' beneficiary organizations (see instr)		6			
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8	· · · · · · · · · · · · · · · · · · ·	
•	9	Prepaid expenses and deferred charges	(-) reserver			9	
	10a						
		basis. Complete Part VI of Schedule D	10a	6,699.			
	b	Less: accumulated depreciation		5,039.	1,660.	100	1,660.
	11	Investments - publicly traded securities			30,118.	11	30,118.
	12	Investments - other securities. See Part IV, line	 11		30/1100	12	JUY TEU 4
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ	1)	1,477,523.	16	748,332.	
	17	Accounts payable and accrued expenses		<u> </u>		17	1 = 0 , 332 +
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities	************			20	
ø	21	Escrow or custodial account liability. Complete	Part IV o	f Schedule D	······································	21	
Liabilities	22	Loans and other payables to current and former	officers	directors trustees		21	
ä		key employees, highest compensated employee					
<u></u>		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted thin	1 narties		23	
	24	Unsecured notes and loans payable to unrelate	d third n	arties		24	
	25	Other liabilities (including federal income tax, pa	vables to	o related third		24	
	İ	parties, and other liabilities not included on lines					
		Schedule D	-	· '		25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow SFAS 117 (ASC 958					
S		complete lines 27 through 29, and lines 33 an				}	
ě	27	Unrestricted net assets				27	
3212	28	Temporarily restricted net assets				28	
βĒ	29					29	
Ī		Organizations that do not follow SFAS 117 (A					
ò		and complete lines 30 through 34,					
ets	30	Capital stock or trust principal, or current funds		0.	30	0.	
455	31	Paid-in or capital surplus, or land, building, or eq	uipment	fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, o	r other funds	1,477,523.	32	748,332.
Z	33	Total net assets or fund balances			1,477,523.	33	748,332.
	34	Total liabilities and net assets/fund balances		M4444	1,477,523.	34	748,332.

	990 (2012) KANSAS LAND TRUST, INC.	48-109	0912	Pa	ae 12
Pa	rt XI Reconciliation of Net Assets			· <u>~</u>	<u> </u>
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	373	3,1	10.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,102		
3	Revenue less expenses. Subtract line 2 from line 1	3	-729		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,477		
5	Net unrealized gains (losses) on investments	5	***************************************		
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	748	3,3	32.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
	M30/384			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	ĺ		
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	l on a	Į Į		
	separate basis, consolidated basis, or both:			J	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:			İ	
	Separate basis Consolidated basis Both consolidated and separate basis				
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	ļ	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schr	dule O.		-	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ale Audit		***************************************	
	Act and OMB Circular A 133?		3а	X	
d	in res, and the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit	İ		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	**********	3b	X	
			Form \$	90 (2012)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization Employer identification number KANSAS LAND TRUST. 48-1090912 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III · Functionally integrated Type III · Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2), If the organization received a written determination from the IRS that it is a Type II, Type II, or Type III supporting organization, check this bcx Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Νo the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) is the organization in coi. (i) organized in the U.S.? (i) Name of supported (iv) Is the organization (v) Did you notify the (ii) EIN (iii) Type of organization (vii) Amount of monetary organization (described on lines 1-9 in col. (i) listed in your organization in col. support above or IRC section governing document? (i) of your support? (see instructions)) Yes Yes Nο Total

Schedule A (Form 990 or 990-EZ) 2012 KANSAS LAND TRUST, INC. 48-1090912 Page 2

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

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

Se	ction A. Public Support	***************************************				····	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and				\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	(0)1011	(1) 10101
	membership fees received. (Do not		***************************************				
	include any "unusual grants.")	175,447.	3,065,878.	2.713,826,	254,721.	364,134.	6,574,006,
2	Tax revenues levied for the organ-	-		3,120,020,		301/1011	0.374,000,
	ization's benefit and either paid to		***************************************				
	or expended on its behalf						
3	The value of services or facilities				1	<u> </u>	
	fumished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3	175,447.	3,065,878,	2,713,826,	254,721.	364,134.	
	The portion of total contributions		3,005,070,	4./13.040.	234,161.	304,134.	6,574,006.
	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,				i		
	column (f)]					
6	Public support. Subtract line 5 from line 4.						
	otion B. Total Support	<u> </u>					6,574,006,
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	/m\ 2010	/W 0044	4-10040	(A T t
	Amounts from line 4	175,447.		(c) 2010	(d) 2011 254,721.	(e) 2012 364,134.	(f) Total
	Gross income from interest.	#13/22/0	3,065,878.	2,713,826.	434,141.	204,134.	6,574,006.
	dividends, payments received on			Ì			
	securities loans, rents, royalties						
	and income from similar sources	10,746.	4,861.	5,266.	2 000	2 011	25 012
9	Net income from unrelated business	70,/40.	#,001.	⊃, <u>∠00.</u>	3,028.	2,011.	25,912.
Ū	activities, whether or not the	***************************************	}	ļ			
	business is regularly carried on	***************************************					
10	Other income. Do not include gain				***************************************		
10	or loss from the sale of capital	and the same of th				***************************************	
	assets (Explain in Part IV.)	1 252	1 404	C10	0 670	212	<i>.</i>
44	Total support. Add lines 7 through 10	1,253.	1,424.	618.	2,670.	242.	6,207.
	Gross receipts from related activities,	ata /a.u. (1.11.					6,606,125,
				Samuel and Print		12	17,837.
10	First five years. If the Form 990 is for	the organization's	tirst, second, third	, fourth, or fifth ta	x year as a section	n 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Publ	c Support Per	centage	<u></u>	-4	<u></u>	>
	Public support percentage for 2012 (li			d	· · · · · · · · · · · · · · · · · · ·		00 E1
15	Public support percentage from 2011	Schodula A Dort I	nueu by line 11, cc	numn (1))		14	99.51 %
160	Public support percentage from 2011	Controller A, Fail i	i, iiie ia ,			15	99.44 %
	33 1/3% support test - 2012. If the o	ae a publich cump	Check the box on	ine is, and ine i	14 IS 33 1/3% OF IT	iore, check this box	and
h	stop here. The organization qualifies a 33 1/3% support test - 2011. If the o	as a publicly suppl rospiration did not	nted organization	. 40	E		> X
	and stop here. The organization quali	fige se s publich a	check a box on iii.	ie is or roa, and	ine 15 is 33 1/3%	or more, check this	\$ DOX
17a	and stop here. The organization quali	- 0010 If the even	upported organizat	ion	40 40 40		▶□□
	10% -facts-and-circumstances test	te and sircumstans	INIZARON GRUNOLON	eck a box on line	13, 15a, or 155, a	nd line 14 is 10% o	r more,
	and if the organization meets the "fact	toot The assessment	es test, Check thi	s box and stop n	ere, Explain in Par	t IV now the organiz	zation
h	meets the "facts-and-circumstances"	- Onte Htha are-	ron quames as a p	ounciy supported	organization		-
.,,	10% -facts-and-circumstances test	- ZUII, II IIIE OIGA	nizadon dio noi ch	eck a dox on line	13, 16a, 16b, or 1	/a, and line 15 is 1	U% Of
	more, and if the organization meets the organization meets the facts and circ	umetanose" tost T	haudiices (est, che ha organization	FUR THIS DOX AND S	stop nere, Explain	in Part IV how the	<u> </u>
18	organization meets the "facts and circ	umotanos test, t n did not abable 5	ne organization qt	tem 17 17-	sy supported orga	nization	
	Private foundation. If the organization	TOTAL HOL CHECK & D	ox on line 13, 168,	100, 1/a, 0/1/b	, cneck this box ai	a see instructions	

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

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

Section A. I	Public Support						
Calendar year (o	r fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, gran	ts, contributions, and	***************************************				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(1) (3)
membersh	ip fees received. (Do not			***************************************			-
include an	y "unusual grants.")			***************************************			
merchand formed, or	eipts from admissions, ise sold or services per- facilities furnished in y that is related to the						
organizati	on's tax-exempt purpose				***		
3 Gross rece	elpts from activities that			1			
are not an	unrelated trade or bus-				ĺ		***************************************
iness und	er section 513						*********
4 Tax reveni	ues levied for the organ-				· · · · · · · · · · · · · · · · · · ·		4
	enefit and either paid to			Í			
or expend	ed on its behalf				1		
5 The value	of services or facilities		<u> </u>				
	by a governmental unit to				****		
	zation without charge						
	l lines 1 through 5	-1-111	1				<u> </u>
	ncluded on lines 1, 2, and		1			-	
	from disqualified persons		***************************************			ļ	
b Amounts inclu	inded on lines 2 and 3 received in disqualified persons that			}]		
exceed the gr	eater of \$5,000 or 1% of the		000				
amount on an	e 13 for the year	·····	<u> </u>				
	7a and 7b			!		<u> </u>	
Section R	pport (Subtract line 7c from line 6.) Total Support				<u> </u>		
			}			T	(
	r fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts 1	rom line 6					ļ	
dividends, securities	payments received on loans, rents, royalties e from similar sources					***************************************	
b Unrelated bi	usiness taxable income						
(iess section	1511 taxes) from businesses					!	
acquired aft	er June 30, 1975		:				
c Add lines	10a and 10b			***************************************			
11 Net income activities n	o from unrelated business ot included in line 10b, not the business is						, , ,
12 Other inco or loss from	me. Do not include gain n the sale of capital						
assets (Ex	olain in Part IV.)		· · · · · · · · · · · · · · · · · · ·				
							<u></u>
	ears, If the Form 990 is for the						ation,
Section C (box and stop here	. C		***********			<u></u>
	Computation of Public					r	
15 Fubic sup	port percentage for 2012 (lin	e 8, column (f) di	ivided by line 13, c	olumn (f))	*****************	15	%
16 Public sup	port percentage from 2011 S	ichedule A, Part	III, line 15			16	%
	computation of Invest						
17 Investment	t income percentage for 2012	2 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	%
	income percentage from 20						%
	upport tests - 2012. If the o						7 is not
	33 1/3%, check this box and						▶□
b 33 1/3% s	upport tests - 2011, If the or	rganization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	ınd
line 18 is n	ot more than 33 1/3%, check	this box and st	t op here . The orga	nization qualifies a	s a publicly supp	orted organization	▶□
20 Private for	indation, If the organization	did not check a !	box on line 14, 19a	a, or 19b, check th	is box and see ins	structions	>

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions.

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

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

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

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

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

	OSCHOU 2	UT(C)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of orga	nization			Emp	oloyer identification number
		KANSAS	LAND TRUST, INC	•		48-1090912
Pa	art I-A	Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527 o	organization.
2	Political of	expenditures	zation's direct and indirect polit	*************		\$
Рε	art I-B	Complete if the org	ganization is exempt un	der section 501(c)	(3).	
1	Enter the	amount of any excise tax	incurred by the organization ur	nder section 4955	> 9	\$
2	Enter the	amount of any excise tax	incurred by organization mana	gers under section 495	5 > 5	\$
3	If the org	anization incurred a sectic	n 4955 tax, did it file Form 472	0 for this year?		Yes No
43	a Was a co	mection made?		*******************************	********	Yes No
) If "Yes,"	describe in Part IV.				
	art I-C		ganization is exempt un			
1	Enter the	amount directly expended	d by the filing organization for s	ection 527 exempt fund	ction activities 🕨	\$
2			ization's funds contributed to c			
_	exempt f	unction activities		••••••		\$
3			s. Add lines 1 and 2. Enter here			
	line 17b	· · · · · · · · · · · · · · · · · · ·			> §	<u> </u>
4	Uid the fi	ling organization file Form	1120-POL for this year?			Yes No
5	made par contribut	yments. For each organizations received that were praction committee (PAC). If	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	id from the filing organi a separate political org	zation's funds. Also enter ti janization, such as a separa	he amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter 0.
					100000000000000000000000000000000000000	
······ ,						

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

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990 EZ) 2012 Part II-A Complete if the org	KANSA:	S LANI	TRUST, INC	n. Sp. 501/a)/3\ and fil	48-	1090912 Page 2
(election under sec			mpi under sectio	on son(c)(s) and m	ea roim 5/00	
A Check if the filing organiza expenses, and shar	tion belong e of exces	s to an aff s lobbying		in Part IV each affiliated	group member's na	me, address, EIN,
Limit	ts on Lobb	ying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience publ	ic opinion i	(grass roots lobbying)			
b Total lobbying expenditures to influ	ience a lec	islative bo	dv (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and	11b)	,,,,			***
d Other exempt purpose expenditure						
e Total exempt purpose expenditure		s 1c and 1c	d)			
f Lobbying nontaxable amount. Ente	er the amo	unt from th	e followina teble in bo	th columns.		1
If the amount on line 1e, column (a) o			bying nontaxable an			
Not over \$500,000	. 1-1	***************************************	the amount on line 1			
Over \$500,000 but not over \$1,000	0.000		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,5	····			cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,			00 plus 5% of the exc	A TANIMI WALLEY TO BE A TANIMI WALLEY TO BE		
Over \$17,000,000	9,00,1000	\$1,000,		e33 Ο ν ει φ1,000,000.		
		Ψ1,000,	<u> </u>			
g Grassroots nontaxable amount (en h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zero reporting section 4911 tax for this	o or less, e or less, er o on eithe year?	nter -0. nter -0. r line 1h or	line 11, did the organiz			Yes No
(Some organiz	ations tha	t made a s	eraging Period Under section 501(h) election e instructions for lin	r Section 501(h) in do not have to comp es 2a through 2f on pa	lete all of the five ge 4.)	
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount			***************************************			***************************************
e Grassroots ceiling amount				-	***************************************	
(150% of line 2d, column (e))			000000000000000000000000000000000000000			
(10070 OF INCO LOS CONCEINA (C))			}			
f Grassroots lobbying expenditures				***************************************		000000

Schedule C (Form 990 or 990-EZ) 2012 KANSAS LAND TRUST, INC. 48-1090912 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1/ below, provide in Part IV a detailed description	(8	1)	(t)
of the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or		***************************************		
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X	***************************************		***************************************
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?		X		
j Total. Add lines 1c through 1i				0.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912		7.2		'
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	5). or sect	ion	***
501(c)(6).	(-,	,,		
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1 1		
2 Did the organization make only in house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Part III-B Complete if the organization is exempt under section 501(c)(4), sect	on 501(c)	5). or sect	ion	······································
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	l "No," OF	(b) Part II	I-A. lin	e 3. is
answered "Yes."	•	` ,	•	,
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical	****	****	
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	**************	3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex		··· - 		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Part IV Supplemental Information				······································
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, fine 4; Part I-C, line 5; F			Y Part II.	\ line 2:
	art ILA (affilia	tad aroun liet		ч, инс д,
and Part II-B, line 1. Also, complete this part for any additional information	art II-A (affilia	ted group list	// / ///	
and Part II·B, line 1. Also, complete this part for any additional information.	art II-A (affilia	ted group list	/	
and Part II·B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:	art II-A (affilia	ted group list	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:	TARAN S LIPS MANAGEMENT			
and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:	TARAN S LIPS MANAGEMENT			
and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES: THE EXECUTIVE DIRECTOR ATTENDED LEGISLATIVE HEARINGS	AND ME	ETINGS	WITH	
and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES: THE EXECUTIVE DIRECTOR ATTENDED LEGISLATIVE HEARINGS	AND ME	ETINGS	WITH	
and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES: THE EXECUTIVE DIRECTOR ATTENDED LEGISLATIVE HEARINGS LEGISLATORS AND GOVERNMENT OFFICIALS TO LOBBY FOR MAT	AND ME	ETINGS FUNDS F	WITH FOR	
and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES: THE EXECUTIVE DIRECTOR ATTENDED LEGISLATIVE HEARINGS LEGISLATORS AND GOVERNMENT OFFICIALS TO LOBBY FOR MATERIALS TO LOBBY FOR MAT	AND ME	ETINGS FUNDS F ATTENI	WITH FOR DED	The state of the s
and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES: THE EXECUTIVE DIRECTOR ATTENDED LEGISLATIVE HEARINGS LEGISLATORS AND GOVERNMENT OFFICIALS TO LOBBY FOR MATERIALS TO LOBBY FOR MAT	AND ME	ETINGS FUNDS F ATTENI	WITH FOR DED	The state of the s
and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES: THE EXECUTIVE DIRECTOR ATTENDED LEGISLATIVE HEARINGS LEGISLATORS AND GOVERNMENT OFFICIALS TO LOBBY FOR MATEONS CONSERVATION EASEMENTS. IN ADDITION, THE EXECUTIVE DISCRESSED AGAINST A PROPSE KANSAS LEGISLATIVE HEARINGS TO LOBBY AGAINST A PROPSE	AND MECHING RECTOR D BILL	ETINGS FUNDS F ATTENI	WITH FOR DED	
and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES: THE EXECUTIVE DIRECTOR ATTENDED LEGISLATIVE HEARINGS LEGISLATORS AND GOVERNMENT OFFICIALS TO LOBBY FOR MAT	AND MECHING RECTOR D BILL	ETINGS FUNDS F ATTENI	WITH FOR DED	

SCHEDULE D

(Form 990)

Department of the Treasury internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ 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. ➤ See separate instructions.

2012 Open to Public Inspection

Name of the organization

KANSAS LAND TRUST, INC.

Employer identification number 48-1090912

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		· ·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		U-77-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised t	funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	· · · · · · · · · · · · · · · · · · ·	······································	**************************************
Pa		anization answered "Yes" to Form 990. Part	IV. line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		cally important land area
	X Protection of natural habitat	Preservation of a certified	
	X Preservation of open space	in a second	
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form of a	consensation easement on the lest
	day of the tax year.	The section for the section is the section of the	ourself addition on the second
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a 50
b			
c	Number of conservation easements on a certified historic stra	ucture included in (a)	
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the ord	anization during the tax
	year ▶0		,
4	Number of states where property subject to conservation eas	sement is located > 2	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) abov		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the	organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	•	er Similar Assets.
	Complete if the organization answered "Yes" to Form		The second secon
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, 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		
2	If the organization received or held works of art, historical treat	•	in, provide-
	the following amounts required to be reported under SFAS 1		
	Revenues included in Form 990, Part VIII, line 1		🕨 \$
b	Assets included in Form 990, Part X		▶ ९

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets/cc 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its colle (check all that apply): a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9 reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	ction items
Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its colle (check all that apply): a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9 reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	ction items
a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9 reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year f Ending balance 1c 1d 1d 1e 1d 1d 2a Did the organization include an amount on Form 990, Part X, line 21? Ye b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.	s No
b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9 reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1c Additions during the year 1 Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 5 Did the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	s No
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f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.	
2a Did the organization include an amount on Form 990, Part X, line 21?	The state of the s
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	No No
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	D
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e)	our years back
ta Beginning of year balance	
b Contributions	
c Net Investment earnings, gains, and losses	
d Grants or scholarships	
e Other expenditures for facilities	
and programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment >%	
b Permanent endowment ► %	
c Temporarily restricted endowment ►%	
The percentages in lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization	
by:	Yes No
(i) unrelated organizations 3a	
(ii) related digarizations	
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 endowment funds.	<u> </u>
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.	
Donaviotion of annual	ook value
basis (investment) basis (other) depreciation	
1a Land	
b Buildings	
c Leasehold improvements	
d Equipment	
e Other 6,699. 5,039.	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	1,660.

1,660. Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 KANSAS LAND Part VII Investments - Other Securities. See	TRUST, INC.	10	48-1090912 Page
(a) Description of security or category (including name of security)	(b) Book value		ation: Cost or end-of-year market value
1) Financial derivatives	,—, ——————————————————————————————————		and the state of t
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)	·		
(D)			
(E)			
(F)			
(G) (H)			· · · · · · · · · · · · · · · · · · ·
(i)			
fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Se	e Form 990 Part X line	.13	
(a) Description of investment type	(b) Book value	(c) Method of value	ation: Cost or end-of-year market value
(1)			3
(2)			
(3)			
(4)			
(5)			
(6)			, , , , , , , , , , , , , , , , , , ,
(7)			
(8)			
(9)			
(10)			
[ota]. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets. See Form 990, Part X, line			
	Description	Annual State of the State of th	(b) Book value
(1) (2)	·····		
(3)			
(4)			
(5)		· · · · · · · · · · · · · · · · · · ·	
(6)			
(7)			
(8)			
(9)	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	
(10)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities. See Form 990, Part X, fir	ne 25.		
. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)	<u> </u>		
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
(10)			
(11)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	251	-100-100-100-100-100-100-100-100-100-10	
(S) line			
FIN 48 (ASC 740) Footnote. In Part XIII, provide the text	of the factories and	readination to the	5 m m m m m m m m m m m m m m m m m m m

Schedule D (Form 990) 2012

	dule D (Form 990) 2012 KANSAS LAND TRUST, INC.		48-	1090912	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per R	eturr	1	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
. 1	Total revenue, gains, and other support per audited financial statements		1	374,	916.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	а	İ		
b	Donated services and use of facilities2	b	ļ		
C	Recoveries of prior year grants	С			
d	Other (Describe in Part XIII.)	d			
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	374,	916.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		ĺ		
а	Investment expenses not included on Form 990, Part VIII, line 7b	a]		
	Other (Describe in Part XIII.)	ь -1,806.]		
c	Add lines 4a and 4b	·····	4c	-1.	806.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)		5		110.
Par	t XII Reconciliation of Expenses per Audited Financial Statements	With Expenses per		rn	
1	Total expenses and losses per audited financial statements		1	1,104,	107.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	a			
b	Prior year adjustments 2				
c	Other losses 2				
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d		2e	1	806.
3	Subtract line 2e from line 1		3	1,102,	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	****-11**11********************	3	1,100,	<u> </u>
	Investment even and a state of the state of	_			
	Other (Describe in Part XIII.) 42				
0		~~~{			ο.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c	- 1 1 1 1 1	301
Par	t XIII Supplemental Information		5	<u>1,102,</u>	<u>301.</u>

Y line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	s 1a and 4; Part IV, lines 1t	and 2	b; Part V, line	1; Part
DAT	2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	Ide any additional informati	on.		-
EFAL	T II, LINE 5: KLT RECOGNIZED THAT THE CONSER	VATION EASEME	N.T.R	T.L. HÖPT	S
מופוא	I PONT CONTENT OF CONTENTS OF				
FILL	LEGAL CONTRACTS INTENDED TO REMAIN IN EFFEC	T IN PERPETUI	TY.		7001
ם כוכו					
FAL	VENTING VIOLATIONS OF THE TERMS OF THE EASEM	ENTS IS PARAM	OUN	<u>r.</u>	·
BTT2T	PROMINITIES TO THE INTERNATIONAL CONTRACTOR OF THE PROPERTY OF				
NEA	ERTHELESS, IF VIOLATIONS OCCUR, KLT MUST, AT	'ALL TIMES, B	E PI	REPARED	TO
T2 NTT:					
FINE	ORCE EVERY EASEMENT.				
* ~	**************************************				
AS_	RESOURCES ALLOW, KLT SHALL IMPLEMENT THE FOL	LOWING PRACTI	CES	TO	
***	TITLE TAY GOOD I NAME OF THE OWNER OWNER				
MAI	NTAIN GOOD LANDOWNER COMMUNICATIONS AND MINI	MIZE POTENTIA	L V	COLATION	S.
~ \	* *************************************				
<u> </u>	ATTEMPT TO GET THE LANDOWNER INVOLVED WITH K	LT. PROVIDE	INF	ORMAL	
			Sched	ule D (Form 99	90) 2012

EDUCATIONAL SERVICES WITH LANDOWNERS, PERIODICALLY SEND OUT AN EASEMENT SUMMARY TO LANDOWNERS. 2) CONDUCT ANNUAL MONITORING VISITS TO THE PROTECTED PROPERTY, PREFERABLY ACCOMPANIED BY THE EASEMENT DONOR OR CURRENT LANDOWNER. 3) USE THE MONITORING VISIT TO REMIND THE LANDOWNER OF THE RESTRICTIONS ON THE PROPERTY, PARTICULARLY THE REQUIREMENTS FOR NOTIFYING KLT OF THE SALE OR TRANSFER OF THE PROPERTY AND BEFORE EXCERCISING CERTAIN RESERVED RIGHTS. 4) WHEN A PROPERTY UNDER CONSERVATION EASEMENT IS LISTED FOR SALE, KLT WILL MAKE REASONABLE EFFORTS TO COMMUNICATE WITH THE LISTING REAL ESTATE AGENT, AND IF POSSIBLE WITH ANY SERIOUS POTENTIAL BUYERS, AND THE BUYER'S REAL ESTATE AGENT ABOUT THE TERMS OF THE EASEMENT. 5) WHEN A PROPERTY UNDER CONSERVATION EASEMENT CHANGES OWNERSHIP OR MANAGEMENT, KLT WILL MAKE REASONABLE EFFORTS TO COMMUNICATE WITH THE LANDOWNER(S) AND TENANT(S) TO EXPLAIN THE TERMS OF THE EASEMENT. 6) KLT WILL MAINTAIN A PUBLIC OUTREACH PROGRAM AND BUILD COMMUNITY SUPPORT FOR KLT'S RESPONSIBILITY TO ENFORCE TERMS AND PROTECT CONSERVATION VALUES. KLT STAFF MAY DISCOVER A POTENTIAL EASEMENT VIOLATION DURING A MONITORING VISIT, THROUGH A NEIGHBOR OR THIRD PARY OR FROM INFORMAL OBSERVATION. KLT'S INITIAL RESPONSES TO A POTENTIAL VIOLATION WILL INCLUDE THE FOLLOWING ACTIONS: 1) KLT STAFF SHALL REVIEW THE CONSERVATION EASEMENT DOCUMENTATION TO IDENTIFY THE CONSERVATION VALUES, RIGHTS AND RESTRICTIONS WITHIN THE EASEMENT, AND PAST PERMITTED PRACTICES. 2) IF A KLT STAFF PERSON OR VOLUNTEER IS ON SITE WITH THE LANDOWNERS, S/HE SHOULD ASK QUESTIONS FOR FUTHER CLARIFICATION OF THE ACTIVITY OR PHYSICAL MODIFICATION. KLT STAFF OR VOLUNTEERS WILL NOT STATE DEFINITIVELY WHETHER THERE HAS BEEN A VIOLATION. KLT REPRESENTATIVES WILL THANK THE LANDOWNERS FOR THEIR TIME AND WILL MAINTAIN CONTACT WITH THEM IN ADDITION TO SENDING THEM A COPY OF THE MONITORING REPORT.

7) IF IT IS DETERMINTED THERE IS NO VIOLATION, THE ENFORCEMENT PROCESS ENDS AFTER DOCUMENATION IS COMPLETED.

PART II, LINE 9: THE VALUE OF THE EASEMENTS CONTRIBUTED BY THE
LANDOWNERS ARE NOT REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS AS
THEY ARE PREPARED ON A CASH BASIS.

Schedule D (Form 990) 2012 KANSAS LAND TRUST, INC.	48-1090912 Page 5
Part XIII Supplemental Information (continued)	THE PROPERTY OF THE PROPERTY O
PART X, LINE 2: MANAGEMENT EVALUATED THE ORGANIZATION'S	TAX POSITIONS
AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTA	AIN TAX POSITIONS
THAT REQUIRE ADJUSTMENT TO OR DISCLOSURE IN THE FINANCIA	L STATEMENTS.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES	-1,806.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES	1 000
- VIIII III IIII IIII IIII IIII IIII II	1,806.
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

Internal Revenue Service Name of the organization

KANSAS LAND TRUST, INC.

Employer identification number 48-1090912

TO 3070712
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SIGNIFICANCE IN KANSAS VIA CONSERVATION EASEMENTS, PURCHASE OR OTHER
MEANS, AND TO ENGAGE IN ANY OTHER LAWFUL ACTIVITY IN THE STATE OF
KANSAS.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PROVIDED TO THE
BOARD OF DIRECTORS PRIOR TO FILING. THE RETURN WAS REVIEWED BY THE BOARD
TREASURER AND THE EXECUTIVE DIRECTOR PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C: WHEN NOMINATED TO THE BOARD OF
KLT, AND ANNUALLY WHILE SERVING, DIRECTORS AND POTENTIAL DIRECTORS SHALL
DISCLOSE ANY PERSONAL AFFILIATION, COMMITMENTS, CONTRACTS OR FINANCIAL OR
OTHER OBLIGATIONS WHICH COULD POSE A CONFLICT WITH KLT OR ITS WORK AND TO
SIGN A FORMAL DISCLOSURE OF THIS INFORMATION. WHEN INITIALLY HIRED AND
ANNUALLY WHILE EMPLOYED, ALL EMPLOYEES SHALL DISCLOSE ANY PERSONAL
AFFILIATIONS, COMMITMENTS, CONTRACTS OR FINANCIAL OR OTHER OBLIGATIONS
WHICH COULD POSE A CONFLICT TO KLT OR ITS WORK AND TO SIGN A FORMAL
DISCLOSURE OF THIS INFORMATION.
AFTER MAKING SUCH DISCLOSURE, THE BOARD MEMBER MAY PARTICIPATE IN
DISCUSSION ON THE ISSUE WHICH INVOLVED ANY SUCH CONFLICT BUT SHALL NOT
PARTICIPATE IN ANY VOTE ON THAT ISSUE. THE CONFLICT SHALL AGAIN BE
DISCLOSED AND RECORDED IN THE MINUTES BEFORE THE BOARD VOTES ON ANY
EASEMENT. AT THE DISCRETION OF THE PRESIDING OFFICER AT THE MEETING, THE
BOARD MEMBER MAY BE ASKED TO LEAVE THE MEETING BEFORE THE DISCUSSION
CONCLUDES AND THE VOTE IS TAKEN ON THAT ISSUE.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization KANSAS LAND TRUST, INC.	Employer identification number 48-1090912
MAGNITUDE TO TAKE A LEAVE OF ABSENCE FROM THE BOARD.	
FORM 990, PART VI, SECTION B, LINE 15: THE NATIONAL ASSOC	TATTON FOR THE
INDUSTRY, THE LAND TRUST ALLIANCE, PUBLISHES LAND TRUST S	
BENEFITS SURVEY SUMMARY, NOW IN ITS FIFTH EDITION. THE EX	
OF THE KLT BOARD OF DIRECTORS, WHICH HIRES AND ANNUALLY R	
EXECUTIVE DIRECTOR, UTILIZES THIS RESOURCE TO ESTABLISH A	ND ADJUST SALARY
AND BENEFITS, AS DOES THE EXECUTIVE DIRECTOR IN DOING THE	SAME FOR THE REST
OF THE STAFF.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES THEIR
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINA	NCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
	1000000 100000000000000000000000000000
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# · · · · · · · · · · · · · · · · · · ·	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER

. Force	990-T	E	Exempt Organization Bus	sine	ss Income T	ax Return	-	0M8 No. 1545-0687
	rtment of the Treasury		(and proxy tax und	der se	ction 6033(e))			ZU IZ
*******	al Revenue Service	Forc	alendar year 2012 or other tax year beginning	•	, and ending		5	Open to Public Inspection for 01(c)(3) Organizations Only
A	Check box if address changed		Name of organization (Check box if name of	changed	and see instructions.)	***************************************	Camplo: Supple: Supple: Supple: Supple:	yer identification number byees' trust, see stions.)
	xempt under section	Print	KANSAS LAND TRUST, INC				4 8	3-1090912
ĽX	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. bo	ox, see in	structions.			ted business activity codes structions)
<u></u>	_408(e)220(e)	,,,,,	16 EAST 13TH STREET				`	,
	530(a)		City or town, state, and ZIP code					
]529(a)		LAWRENCE, KS 66044					
C Bo	ook value of all assets end of vear		exemption number (see instructions)	<u> </u>			سم	
40	748,332.	G Check	corganization type X 501(c) corporation	m L	501(c) trust	401(a) trust		Other trust
H De		n's prim	ary unrelated business activity. MERCHAN	NDIS:	E SALES			
			oration a subsidiary in an affiliated group or a pare			b	Yes	X No
Jf '	"Yes," enter the name	and iden	tifying number of the parent corporation.		y		, - 1,	Community of the Commun
	e books are in care of	> 1	CANSAS LAND TRUST, INC.	•	Teleph	one number 🕨 7	85-7	749-3297
Pa	rt I Unrelate	d Trac	de or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sal	es						······································
b	Less returns and allo		c Balance ►	1c				
2	Cost of goods sold (S	Schedule	A, line 7)	2				
3	Gross profit, Subtrac	t line 2 fr	om line 1c	3				
4 a	Capital gain net incor	ne (attac	h Schedule D)	4a				
þ	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b				
C	Capital loss deduction	n for trus	ets	4c		100000		
5	Income (loss) from p	artnersti	ips and S corporations (attach statement)	5			F	
6	Rent income (Schedu	ale C) 🔝		6				
7	Unrelated debt-finance	ed incor	ne (Schedule E)	7				
8			nd rents from controlled organizations (Sch. F)	8				
9	Investment income o	f a sectio	n 501(c)(7), (9), or (17) organization					***************************************
	(Schedule G)			9				•
10	Exploited exempt acti	ivity inco	me (Schedule I)	10				
11	Advertising income (Schedule	J)	11				
12	Other income (see in	struction	s; attach statement)	12				
13	Total. Combine lines	3 throu	gh 12	13	0.			
Ра	rt II Deduction (except for	ons No contribu	t Taken Elsewhere (see instructions for tions, deductions must be directly connecte	or limitat d with t	tions on deductions) he unrelated business	income)		
14		T-2-2-7-1 V-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	ectors, and trustees (Schedule K)				14	
15	Salaries and wanes	,					15	
16	Repairs and mainter	nance					16	
17	Bad debts						17	
18	Interest (attach state	ement)					18	
19	Taxes and licenses					***************************************	19	
20	Charitable contributi	ons (see	instructions for limitation rules)			***************************************	20	
21	Depreciation (attach	Form 45	62)		21			
22	Less depreciation of	aimed or	Schedule A and elsewhere on return		22a		22b	
23	Depletion						23	
24	Contributions to def	erred cor	ripensation plans				24	
25	Employee benefit pr	ograms					25	
26	Excess exempt expe	nses (So	hedule I)				26	
27	Excess readership c	osts (Sci	redule J)				27	
28	Oner ceductions (at	tach stat	ement)				28	····
29	Total deductions	. Add line	es 14 through 28				29	0.
30	Unrelated business t	axable in	come before net operating loss deduction. Subtrac	ot line 29	from line 13		30	0.
31	Net operating loss d	eduction	(limited to the amount on line 30)			F	31	
32	Unrelated business t	axable in	come before specific deduction. Subtract line 31 fr	om line:	30	į	32	0.
33	Specific deduction (generally	\$1,000, but see instructions for exceptions)				33	1,000.
34	Unrelated busine of zero or line 32	ss taxa	ble income. Subtract line 33 from line 32. If line	33 is gre	ater than line 32, enter th	ie smaller	**	_

Part	II Tax Computation								
35	Organizations taxable as corpora	ations (see ins	tructions for tax co	mputation).			100		
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and:						1		
а									
-	a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ (3) \$								
h	Enter organization's share of: (1)		tay (not more than			_			
J						ļ			
	(2) Additional 3% tax (not more the	nan \$100,000)	\$					
C	Income tax on the amount on line	34					35c		0.
36	Trusts taxable at trust rates (see	instructions to	or tax computation)). Income tax on the am	nount on line 34 fr	om:			
	Tax rate schedule or	Schedule D ((Form 1041)				36		
37	Proxy tax (see instructions)						37		
38	Alternative minimum tax						38		
39	Total. Add lines 37 and 38 to line	35c or 36, whi	ichever applies				39		0.
Part I	V Tax and Payments						1 00 1		
40a	Foreign tax credit (corporations at	ttach Form 11	18: trusts attach Fo	rm 1116)	40a				
b	Other credits (see instructions)				40b		2355		
c	Other credits (see instructions) General business credit. Attach Form 3800 40b 40c								
d	Credit for prior year minimum tax	(attach Form)	8801 or 8827\		400				
	Total credits Add lines 40a through	ah 40d	3001010021)	******************************	400				
41	Total credits. Add lines 40a throu	yii 400	***************************************	***************************************		***************************************	40e		
42	Subtract line 40e from line 39	4055	75 2044 [7			41		0.
10.70	Other taxes. Check if If Offi.	-Orm 4255 L	Form 8611 [Form 8697 [Fo	orm 8866 📖 0	ther (attach statement)	42		
43	Total tax. Add lines 41 and 42						43		0.
44 a	Payments. A 2011 overpayment of	credited to 201	12		44a				
b	2012 estimated tax payments		******************	***************************************	44b				
C	Tax deposited with Form 8868		**********		44c				
d	Foreign organizations: Tax paid or	withheld at so	ource (see instruction	ons)	44d				
е	Backup withholding (see instruction	ons)			44e				
f	Credit for small employer health in	surance prem	iums (Attach Form	8941)	44f				
g	Other credits and payments:		Form 2439	,					
	Form 4136		Other	Tota	140				
45	Total payments. Add lines 44a thr	ough 44g		1010	779		45		
46	Estimated tax penalty (see instruct	tions) Check it	f Form 2220 is atta	ohod N		*****************	45		-
47	Tax due. If line 45 is less than the	total of lines 4	17 and 46 anter am	ount award			46		_
48	Overnayment If line 45 is larger th	han the total o	f lines 42 and 46 a	ount owed			47		<u>0.</u>
49	Overpayment. If line 45 is larger to Enter the amount of line 48 you wa	nan the total of	1 iiiles 43 ailu 46, e	nter amount overpaid			48		0.
Part \	Statements Regardi	ing Certai	in Activities	ax D	motion (see in	Refunded >	49		
					mation (see in				1,550
I ALA	ny unie during the 2012 calendar y	ear aid the or	nanization have an	W. Parlicians and was a few years agreed as many			7.000		No
Seci		Our, and the or	gamzation nave an	interest in or a signatur	re or other authori	ty over a financial acc	count (bank,	Yes	
	rities, or other) in a foreign country	y? If "Yes," the	organization may I	have to file Form TD F 9	re or other authori 90-22.1, Report of	ty over a financial acc Foreign Bank and Fir	count (bank, ancial	Yes	
ACC 2 Duris	rities, or other) in a foreign country	y? If "Yes," the	organization may I	have to file Form TD F 9	re or other authori 90-22.1, Report of	ty over a financial acc Foreign Bank and Fir	count (bank, nancial	Yes	х
ACC 2 Durit If "Yo	urities, or other) in a foreign country ounts. If "Yes," enter the name of th ng the tax year, did the organization receives," see instructions for other forms the or	y? If "Yes," the le foreign coun ve a distribution f rganization may h	organization may hatry here ` from, or was it the gran have to file.	have to file Form TD F S	re or other authori 90-22.1, Report of	ty over a financial acc Foreign Bank and Fir	count (bank, nancial	Yes	X
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Sched I Inve Pure Cos Addi	urities, or other) in a foreign country punts. If "Yes," enter the name of the second	y? If "Yes," the se foreign coun we a distribution of rganization may be st received or a Sold. Enter s 2 3	e organization may hatry here from, or was it the gran have to file.	have to file Form TD F S ntor of, or transferor to, a fo tax year ▶\$ cory valuation ▶ 6 Inventory at end 7 Cost of goods s from line 5. Ente 8 Do the rules of s	re or other authori 90-22.1, Report of reign trust? N/A d of year old. Subtract line er here and in Part section 263A (with	Foreign Bank and Fir	6	Yes	
3 Enter Sched 1 Inve 2 Pure 3 Cos 4a Addi b Other	urities, or other) in a foreign country ounts. If "Yes," enter the name of the top the tax year, did the organization receives," see instructions for other forms the or the amount of tax-exempt interes ule A - Cost of Goods Sentory at beginning of year chases to flabor	y? If "Yes," the se foreign coun we a distribution of rganization may be st received or a Sold. Enter of 2 3 4a	e organization may hatry here from, or was it the gran have to file.	have to file Form TD F S ntor of, or transferor to, a form tax year ▶\$ cory valuation ▶ 6 Inventory at end 7 Cost of goods s from line 5. Ente 8 Do the rules of s property product	Pre or other authorical authorica	Foreign Bank and Fir 6 I, line 2 respect to resale) apply to	6		Х
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3 Ente Sched 1 Inve 2 Pur 3 Cos 4a Addi b Othe 5 Tota	urities, or other) in a foreign country ounts. If "Yes," enter the name of the goal tex year, did the organization receives," see instructions for other forms the orar the amount of tax-exempt interes ule A - Cost of Goods Sentory at beginning of year chases to flabor costs (attach statement) are costs (attach statement). I. Add lines 1 through 4b Under penalties of perjury, I declare to correct, and complete. Declaration of Signature of officer	y? If "Yes," the reforeign count read a distribution of rganization may be received or a Sold. Enter of 1 2 3 4a 4b 5 that I have examin of preparer (other to	organization may Intry here `Implication may Intry here `Implication may Intry here in Introduced during the method of invention method of inventional method of inventional method in International Marketine in	have to file Form TD F S ntor of, or transferor to, a fo tax year ▶\$ cory valuation ▶ 6 Inventory at end 7 Cost of goods s from line 5. Ente 8 Do the rules of s property product the organization ing accompanying schedule on all information of which (2013 ▶ EXEC Title	ne or other authorical po-22.1, Report of reign trust? N/A d of year old. Subtract line or here and in Part section 263A (with seed or acquired for repairs and statements, and preparer has any kn	Foreign Bank and Fir 6 I, line 2 respect to resale) apply to d to the best of my know owledge. RECTOR Ma the ins	6 7 /ledge and belie by the IRS discupreparer shows tructions)?	Yes f, it is true, ss this return to below (see	No
3 Enter Sched 1 Inve 2 Pur 3 Cos 4a Addi b Othe 5 Tota Sign Here	urities, or other) in a foreign country counts. If "Yes," enter the name of th tog the tax year, did the organization receives," see instructions for other forms the or the amount of tax-exempt interes tule A - Cost of Goods S ntory at beginning of year chases to flabor tional section 263A costs (att. statement) or costs (attach statement) II. Add lines 1 through 4b Under penalties of perjury, I declare t correct, and of implete. Declaration of	y? If "Yes," the reforeign count read a distribution of rganization may be received or a Sold. Enter of 1 2 3 4a 4b 5 that I have examin of preparer (other to	ntry here from, or was it the granhave to file. accrued during the method of invent method of invent ined this return, includithan taxpayer) is based	have to file Form TD F S ntor of, or transferor to, a fo tax year ▶\$ cory valuation ▶ 6 Inventory at end 7 Cost of goods s from line 5. Ente 8 Do the rules of s property product the organization ing accompanying schedule on all information of which (2013 ▶ EXEC Title	ne or other authorical po-22.1, Report of reign trust? N/A d of year old. Subtract line er here and in Part section 263A (with bed or acquired fo	Foreign Bank and Fir 6 I, line 2 respect to resale) apply to d to the best of my know owledge. RECTOR Ma the ins	6 7 /ledge and belie by the IRS discu preparer shown tructions)?	Yes f, it is true, ss this return in below (see	X No
3 Enter Sched 1 Inve 2 Pur 3 Cos 4a Addi b Othe 5 Tota Sign Here	urities, or other) in a foreign country punts. If "Yes," enter the name of the general teax year, did the organization receives, see instructions for other forms the organization receives, see instructions for other forms the organization receives, see instructions for other forms the organization for the amount of tax-exempt interest ule A - Cost of Goods Sentory at beginning of year chases to flabor chases to flabor chases (attach statement) and the control of the costs (attach statement). I. Add lines 1 through 4b correct, and complete. Declaration of Signature of officer Print/Type preparer's name	y? If "Yes," the le foreign coun we a distribution of rganization may be to received or a Sold. Enter of 1 2 3 4a 4b 5 that I have examin foreparer (other to 10. I Noon	organization may Intry here `Implication may Intry here `Implication may Intry here in Introduced during the method of invention method of inventional method of inventional method in International Marketine in	have to file Form TD F S Inter of, or transferor to, a form tax year ▶ \$ fory valuation ▶ 6 Inventory at end 7 Cost of goods s from line 5. Ente 8 Do the rules of s property product the organization ing accompanying scheduled on all information of which (2013 ► EXEC Title inter of transferor to, a form EXEC	ne or other authorical po-22.1, Report of reign trust? N/A d of year old. Subtract line or here and in Part section 263A (with seed or acquired for repairs and statements, and preparer has any kn	Foreign Bank and Fir 6 I, line 2 respect to resale) apply to d to the best of my know owledge. RECTOR Ma the ins	6 7 riledge and belie by the IRS discuip preparer shown tructions)? X	Yes f, it is true, ss this return in below (see Yes	X No
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