## SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

2013

Open to Public Inspection

Name of the organization

91-1484518 NISQUALLY LAND TRUST Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R 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). 10 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. c Type III · Functionally integrated d \_\_\_\_ Type III - Non-functionally integrated **b** \_\_\_\_ Type II a \_\_\_\_ Type I 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 I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes 11g(i) the governing body of the supported organization? (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? Provide the following information about the supported organization(s). (vi) Is the (iv) Is the organization (v) Did you notify the (vii) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization organization in col. (I) organized in the U.S.? in col. (i) listed in your organization in col. (described on lines 1-9 support organization apverning document? (i) of your support? above or IRC section (see instructions)) Yes No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Total

Schedule A (Form 990 or 990-EZ) 2013 NISQUALLY LAND TRUST

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						1000 TO 1000 T
	include any "unusual grants.")	4,424,197.	2,673,921.	3,678,419.	5,273,001.	1,400,629.	17,450,167.
2	Tax revenues levied for the organ-					ł	
	ization's benefit and either paid to				1	į.	
	or expended on its behalf						<u> </u>
3	The value of services or facilities			İ			
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,424,197.	2,673,921.	3,678,419.	5,273,001.	1,400,629.	17,450,167.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						17,450,167.
Sec	ction B. Total Support					( ) 0040	(B Total
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total 17,450,167.
7	Amounts from line 4	4,424,197.	2,673,921.	3,678,419.	5,273,001.	1,400,629.	17,430,101.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	10 270	15 044	20 669	19,728.	33,822.	99,841.
	and income from similar sources	10,379.	15,244.	20,668.	19,720.	33,022.	33,011.
9	Net income from unrelated business					5	
	activities, whether or not the						
	business is regularly carried on					****	
10	Other income. Do not include gain						
	or loss from the sale of capital	1 000	1 240	225.	273.	1.326	4,256.
	assets (Explain in Part IV.)	1,083.	1,349.	223.	273.	17320.	17,554,264.
11						12	239,523.
12	Gross receipts from related activities	, etc. (see instructi	ons)		v voor as a sectio		
13	First five years. If the Form 990 is fo	r the organization?	s first, second, thir	d, tourth, or little ta	x year as a section	11 30 1 (0)(0)	>
<u> </u>	organization, check this box and stoction C. Computation of Pub	lic Support Pe	rcentage				
Se	Public support percentage for 2013	(in a G. polyma (f) c	livided by line 11 o	rolumn (fl)		14	99.41 %
		nne o, column (i) c 3 Cabadula A. Bart	III line 14	O(0)(1)(1)	***************************************	15	99.49 %
15	33 1/3% support test - 2013. If the	organization did no	nt check the box of	n line 13, and line	14 is 33 1/3% or n		ox and
168	stop here. The organization qualifies	as a publicly supr	ported organization	i iii o roj arra iii o			<b>▶</b> X
	33 1/3% support test - 2012. If the	organization did n	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	6 or more, check tl	nis box
	and stop here. The organization qua	olifies as a publicly	supported organiza	ation			<b>▶</b> □
47.	and stop here. The organization qual a 10% -facts-and-circumstances tes	at - 2013. If the ord	nanization did not o	heck a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
1/6	and if the organization meets the "fa	cts-and-circumstar	nces" test, check th	nis box and stop h	ere. Explain in Pa	rt IV how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	d organization		▶□
	b 10% -facts-and-circumstances tes	st - 2012. If the or	panization did not d	check a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	the "facts-and-circ	umstances" test. cl	heck this box and	stop here. Explain	n in Part IV how the	e
	organization meets the "facts-and-cir	rcumstances" test	The organization of	qualifies as a publi	cly supported org	anization	<b>&gt;</b>
40	maria de la desta de la compania del compania de la compania del compania de la compania del compania del compania de la compania de la compania de la compania del compania	on did not check a	box on line 13, 16	a, 16 <u>b</u> , 17a, or 17b	o, check this box	and see instruction	ns ▶ 🔲
18	1 1344C TOURISHED IN CITE OF GARREST				Sch	edule A (Form 990	or 990-EZ) 2013

# Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support			2000			
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			500 500 500 500 500 500 500 500 500 500			
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that		2000				
8850	are not an unrelated trade or bus-				1		
	iness under section 513						
4	Tax revenues levied for the organ-		3000	5000 3000			
	ization's benefit and either paid to						
	or expended on its behalf	v 200					<u></u>
5	The value of services or facilities	4.02	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
9. <del>77</del>	furnished by a governmental unit to		8				
	the organization without charge			<u> </u>		2.	
6	Total. Add lines 1 through 5	000 000 000 000 000 000 000 000 000 00					
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	12					<del>_</del>
l	hamounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	c Add lines 7a and 7b			300			75
	Public support (Subtract line 7c from line 6.)						
-	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
-	<b>b</b> Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total SUDBORL (Add lines 9, 10c, 11, and 12.)				tov voca co = ====	ion 501/o\/3\ organi	zation —
14	First five years. If the Form 990 is fo	r the organization	r's first, second, thi	ra, tourth, or titth	tax year as a sect	ion ou r(e)(a) organi	<b>▶</b>
	check this box and stop here	· - · · · ·			••••		
Se	ection C. Computation of Pub	lic Support P	ercentage	. (0)	-	15	%
15	Public support percentage for 2013	(line 8, column (f)	divided by line 13,	column (f))		16	
<u>16</u>						10	
Se	ection D. Computation of Inve	stment Incon	ne Percentage			17	%
17	Investment income percentage for 2	<b>013</b> (line 10c, colt	ımn (f) divided by li	ine 13, column (t))	,		
18	Investment income percentage from	2012 Schedule A	, Part III, line 17			18 23.1/20/ and line	
	Investment income percentage nom		F 100 505 10000 00000 505 1774				
19	a 33 1/3% support tests - 2013. If th	e organization did	not check the box	on line 14, and li	ne 15 is more than	isstics	<b>■</b>
	a 33 1/3% support tests - 2013. If the	e organization did and <b>stop here.</b> Th	not check the box ne organization qua	alifies as a publicly	/ supported organ	ization	💆 🗀
	a 33 1/3% support tests - 2013. If the more than 33 1/3%, check this box	e organization did and <b>stop here.</b> The organization did	not check the box ne organization qua I not check a box o	alifies as a publicly in line 14 or line 19	/ supported organ 9a, and line 16 is r	ization nore than 33 1/3%,	and
	a 33 1/3% support tests - 2013. If the	e organization did and <b>stop here.</b> The organization did eck this box and	not check the box ne organization qua not check a box o stop here. The org	alifies as a publicly in line 14 or line 19 ganization qualifie	/ supported organ 9a, and line 16 is r s as a publicly sup	ization nore than 33 1/3%, ported organization	and

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

Employer identification number

91-1484518

NI	SQUALLY LAND TRUST	91-1484518				
Organization type (check o	ne):					
Filers of: Section:						
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ıle. See instructions.				
	in filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in molete Parts I and II.	oney or property) from any one				
Special Rules						
509(a)(1) and 170	X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
total contributions	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	B (Form 990, 990-EZ, or 990-PF), Form 990-PF, Part I, line 2, to				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number

#### NISQUALLY LAND TRUST

91-1484518

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STATE OF WASHINGTON RECREATION & CONSERVATION OFFICE  PO BOX 40917  OLYMPIA, WA 98504	\$\$625,192.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	US DEPARTMENT OF FISH & WILDLIFE 911 NE 11TH AVENUE PORTLAND, OR 97232	\$\$4,311.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CATHERINE & KEVEN IVERS  6912 340TH ST E.  EATONVILLE, WA 98328	\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

14238\_\_1

Employer identification number

NISQUALLY LAND TRUST

91-1484518

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	UNDEVELOPED LAND AT 35908 84TH AVE. E. PIERCE COUNTY, WASHINGTON.		
		\$290,000.	12/27/13
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number

Vo.	Use duplicate copies of Part III if addition	al space is fleeded.					
om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_   -							
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
-							
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
_							
	Transferee's name, address, a		Relationship of transferor to transferee				
-	Transferee's name, address, a		Relationship of transferor to transferee				
I No.	Transferee's name, address, a		Relationship of transferor to transferee  (d) Description of how gift is held				
om		nd ZIP + 4					
om		nd ZIP + 4					

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Employer identification number Name of the organization

	NISQUALLY LAND TRUST	91-1484518
ar		Accounts. Complete if the
10.	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	20.000
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
203727	impermissible private benefit?	
Par	Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV.	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	105 St IA
	X Protection of natural habitat Preservation of a certified h	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution c	onservation easement on the last
	day of the tax year.	\$888888
		Held at the End of the Tax Year
а	Total number of conservation easements	2a 3 67.00
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	2c U
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	0.4
-	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	mization during the tax
	year •	
4	Number of states where property subject to conservation easement is located   1	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	X Yes No
e	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
6 7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year.	ear ▶ \$ 359.
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l)	
O	and section 170(h)(4)(B)(ii)?	VV
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
9	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	
	conservation easements.	T- 200
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and it	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	• \$
	(ii) Assets included in Form 990, Part X	• \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	• \$
b	Assets included in Form 990, Part X	• \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" to	Form 000 Part IV lin	e 11h See Form 000 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)	32232		100
(C)			
(D)			
(E)			
(F)			70 700 10 00000
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.	- Farm DOO Dort IV lie	so 11a Sac Form 000 Port V line 13	
Complete if the organization answered "Yes" to  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
	(4)		
(1) (2)	100 Hz		
(3)			
(4)			4.34 7/8/90 (4/9/8/3/3/3
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" to		ne 11d. See Form 990, Part X, line 15.	(b) Book value
	escription		(b) Book value
(1)	3,000 15		
(2)			
(3)			
(4)	***		
(5) (6)			
(7)			
(8)		20 Annual Control of the Control of	
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		<u> </u>
Part X Other Liabilities.			
Complete if the organization answered "Yes" to	Form 990, Part IV, lir		e 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) SECURITY DEPOSIT PAYABLE		400.	
(3)			
(4)			
(5)			
(6)		<del></del>	
(7)			
(8)			
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	400.	
Total. [Column to] must equal Form 990, Part A, Col. (D) line	201/	= Longuest management	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013

Pa	TAI Reconciliation of Revenue per Audited Financial State		Revenue per Ret	urn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1			1	1,426,091.
1	Total revenue, gains, and other support per audited financial statements		.,,	30000	1,420,001.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	-13,964.		
a	Net unrealized gains on investments		-13,704.		
b	Donated services and use of facilities				
C	Recoveries of prior year grants				
d				2e	-13,964.
e	Add lines 2a through 2d			3	1,440,055.
3	Subtract line 2e from line 1				1,110,033.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)		***	łc	0.
	Add lines 4a and 4b			5	1,440,055.
5 <b>D</b> a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State	ements With			
ra	Complete if the organization answered "Yes" to Form 990, Part IV, line 1		LAPONOGO PO. 1.	<b></b>	
	Total expenses and losses per audited financial statements			1	1,094,299.
1				10010	2/002/2000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a			
a					
Ь	Prior year adjustments				
С.	Other losses				
d	Other (Describe in Part XIII.)			3000	0.
е	Add lines 2a through 2d			2e   3	1,094,299.
3	Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •		3	1,094,299.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	î . î			
а	Investment expenses not included on Form 990, Part VIII, line 7b	1 00000			
b	Other (Describe in Part XIII.)	4b		decent.	0
C	Add lines 4a and 4b			1c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,094,299.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			Part /	K, line 2; Part XI,
PA	RT X, LINE 2:				
EX.	PLANATION: THE ORGANIZATION DID NOT HAVE	ANY LIA	BILITY FOR	UNC	ERTAIN TAX
	# 7867				
PO	SITIONS IN ITS FINANCIAL STATEMENTS FOR	2013.			
PA	RT II, LINE 9:				
EX.	PLANATION: THE ORGANIZATION REPORTS CONS	ERVATION	EASEMENTS	АТ	NO VALUE
TN	ITS FINANCIAL STATEMENTS AS IT CONSIDER	S THE LI	ABILITY TO	MON	IITOR AND
		2760 2868			
EN.	FORCE THE EASEMENTS AS GREATER THAN THE	UNDERLYI	NG VALUE OF	T I.	ir.
EA	SEMENT.				
		700.75 de 100			
			-		

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Schedule D (Form 990) 2013 Part XIII Supplemental I	nformation (continued)	200.000