2019 TAX RETURN

CLIENT COPY

Client: 42650

Prepared for: PALOUSE LAND TRUST, INC. PO BOX 8506 MOSCOW, ID 83843 208-669-0722

Prepared by: NICK NICHOLSON PRESNELL GAGE, PLLC 609 S. WASHINGTON, SUITE 202 MOSCOW, ID 83843 208-882-2211

Date: FEBRUARY 16, 2021

Comments:

Route to:

2019 Exempt Org. Return prepared for:

PALOUSE LAND TRUST, INC. PO BOX 8506 MOSCOW, ID 83843

Presnell Gage, PLLC 609 S. Washington, Suite 202

609 S. Washington, Suite 20 Moscow, ID 83843

PRESNELL GAGE, PLLC 609 S. WASHINGTON, SUITE 202 MOSCOW, ID 83843 208-882-2211

February 16, 2021

PALOUSE LAND TRUST, INC. PO BOX 8506 MOSCOW, ID 83843

Dear Client:

Your 2019 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Nick Nichohor

NICK NICHOLSON

2019

FEDERAL EXEMPT ORGANIZATION TAX SUMMARY

PAGE 1

			TAGET
PALOUSE LANE) TRUST, INC.		94-3219418
REVENUE	2019	2018	DIFF
CONTRIBUTIONS AND GRANTS INVESTMENT INCOME	415,563 24,600	201,046 6,289	214,517 18,311
TOTAL REVENUE	440,163	207,335	232,828
EXPENSES SALARIES, OTHER COMPEN., EMP. BENEFITS OTHER EXPENSES	108,100 106,290	96,146 77,980	11,954 28,310
TOTAL EXPENSES	214,390	174,126	40,264
NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES. TOTAL ASSETS AT END OF YEAR TOTAL LIABILITIES AT END OF YEAR. NET ASSETS/FUND BALANCES AT END OF YEAR.	225,773 920,521 115,664 804,857	33,209 679,404 95,343 584,061	192,564 241,117 20,321 220,796
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201	9
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GENERAL INFORMATION

PALOUSE LAND TRUST, INC.

PAGE 1

94-3219418

FORMS NEEDED FOR THIS RETURN FEDERAL: 990, SCH A, SCH B, SCH D, S	CH O, 8868
CARRYOVERS TO 2020 NONE	

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

► File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	PALOUSE LAND TRUST, INC.	94-3219418
File by the due date for	Number, street, and room or suite number. If a P.O. box, see instructions.	
filing your	PO BOX 8506	
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	MOSCOW, ID 83843	

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

The books are in the care of LOVINA ENGLUND

Telephone No. ► 208-596-4496

Fax No.

If the organization does not have an office or place of business in the United States, check this box......

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this box.... ► and attach a list with the names and TINs of all members the extension is for.
- 1 I request an automatic 6-month extension of time until <u>5/15</u>, 20 <u>21</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - calendar year 20 or

►	X tax year beginning	<u>7/01</u> , 20	<u>19</u> , and ending	_ <u>6/30</u> , 20	<u>20</u> .
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2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Final return

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

For	m 9	90							L	OMB No.	1545-0047
(Rev	Janua	ary 2020)		turn of Orga						20	19
(1101	. surrac	19 2020)	Under sec	ction 501(c), 527, or 49					tions)	Open t	o Public
Depa Inter	artment nal Rev	t of the Treasury venue Service	•	► Do not enter social Go to www.irs.gov/F	security numbers	s on this form as it ructions and th	may be made e latest info	ormation.			ection
Α	For t	he 2019 calend		year beginning	7/01	, 2019, a	and ending	6/30		, 2020	
В		if applicable:	С					D		dentification nur	nber
				AND TRUST, I	NC.			E	94-32		
			PO BOX 850 MOSCOW, II					E	Telephone r		
		illiai retuirr		00010					208-6	69-0722	
		nal return/terminated						G	Gross receip	ate Ś	446,062.
		pplication pending	F Name and addr	ess of principal officer:	TANTOD CM		н			subordinates?	Yes X No
			SAME AS C	ABOVE	JANICE SM.	TIH-HITT	н	(b) Are all sub	ordinates incl	uded? e instructions)	Yes No
I	Tax	-exempt status:	X 501(c)(3)		 (insert no.) 	4947(a)(1) or	527	It "No," att	ach a list. (se	e instructions)	
J	We	ebsite: ► WW	W.PALOUSEI	LANDTRUST.OR	G		н	(c) Group exe	mption numbe	er 🕨	
Κ		n of organization:	X Corporation	Trust Associat	ion Other►	LYe	ear of formation	: 1995	M State	of legal domicil	e: ID
Pa	nrt I	Summary									
	1			tion's mission or m							
Se				CONSERVE T		<u>NE LOVE, N</u>	<u>IOW AND</u>	FOREVE	<u>R, AND</u>	TO ENRI	<u>CH</u>
nan		CONNECTI	<u>0115 10 11E</u>	INATURAL WO			·				
Activities & Governance	2	Check this bo	x► if the	organization discor	ntinued its oper	ations or dispo	sed of more	e than 25%	of its net	assets.	
g	3	Number of vo	ting members o	of the governing bo	dy (Part VI, lin	e 1a)			3		13
ര്	4			ng members of the						-	13
itie	5			employed in calend						-	3
cti	6			estimate if necessa enue from Part VIII						7a	50
4				ble income from Fo						7a 7b	0.
								T	r Year	-	ent Year
	8	Contributions	and grants (Pa	rt VIII, line 1h)					201,046	5.	415,563.
nue	9			art VIII, line 2g)							•
a					3 / and 7d				C 000		24,600.
ē	10			, column (A), lines					6,289	θ.	1
Revenue	11	Other revenue	e (Part VIII, colu	umn (A), lines 5, 6	d, 8c, 9c, 10c,	and 11e)					•
Rev	11 12	Other revenue Total revenue	e (Part VIII, colu e – add lines 8 f	umn (A), lines 5, 6 through 11 (must e	d, 8c, 9c, 10c, a equal Part VIII,	and 11e) column (A), lin	 e 12)		6,289 207,335		440,163.
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BAA For Do	namuaul Dad	ation A at Nation, and the concrete instructions	TEE 401011 01/01/	20	Earm 000	1 (2010)
May the IRS	discuss this r	eturn with the preparer shown above? (see instructions) \ldots			X Yes	No
		MOSCOW, ID 83843	Pt	none no. 208	-882-2211	
Use Only	Firm's address	▶ 609 S. WASHINGTON, SUITE 202	Fir	rm's EIN ► 20	-1943775	
Preparer		► PRESNELL GAGE, PLLC				
Paid	NICK NIC	HOLSON	se	elf-employed	P01503975	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form	1 990 (2019) PALOUSE LAND TRUST, INC.	94-3219418	Page 2
Par			
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Х
1	Briefly describe the organization's mission:		
	OUR MISSION IS TO WORK WITH LANDOWNERS AND COMMUNITIES TO CONSE		<u>s love,</u>
	NOW AND FOREVER, AND TO ENRICH CONNECTIONS TO THE NATURAL WORLD) <u> </u>	
2	Did the organization undertake any significant program services during the year which were not listed on the	prior	
-	Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service accomplishments fo	ervices, as measured by e	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat and revenue, if any, for each program service reported.	ions to others, the total e	xpenses,
4 a	a (Code:) (Expenses \$ 54,276. including grants of \$)	(Revenue \$)
	LAND STEWARDSHIP - THE PALOUSE LAND TRUST HAS A LEGAL AND ETHIC	AL OBLIGATION TO) ENSURE
	THAT WE UPHOLD THE CONSERVATION VALUES ENTRUSTED TO US ON THE F		
	ACCEPTING AND HOLDING CONSERVATION EASEMENTS FOR THE PUBLIC BEN	EFIT COMMITS US	TO OUR
	ANNUAL STEWARDSHIP TASKS IN PERPETUITY. THIS REQUIRES CONSISTEN		
	MAINTAINING POSITIVE LANDOWNER RELATIONS, EXCELLENT RECORDKEEPI		
	REQUESTS FOR APPROVALS AND AMENDMENTS, AND MANAGING STEWARDSHIF		
	LANDS ENCUMBERED BY CONSERVATION EASEMENTS, WE ALSO OWN AND MAN		
	NATURE PRESERVES. OUR LAND STEWARDSHIP PROGRAM OVERSEES THE CAR		
	THESE LANDS FOR THE CONSERVATION VALUES, ECOSYSTEM SERVICES AND PROVIDE, INCLUDING PUBLIC RECREATION ACCESS, WILDLIFE CORRIDORS		
	THREATENED ECOSYSTEMS.	, AND PROIECIION	
4 h	(Code:) (Expenses \$ 22,062, including grants of \$)	(Revenue \$)
	SEE_SCHEDULE O		/
4.0	(Code:) (Expenses \$ 17,792, including grants of \$)	(Revenue \$	
40)
	SEE_SCHEDULE_O		
	1 Other pressure convices (Decerite on Ontentials O.)		
4 d	d Other program services (Describe on Schedule O.)	Ċ	`
A -	(Expenses \$ including grants of \$) (Revenue	<u>ې</u>)
4 e BAA	Total program service expenses ► 94,130. TEEA0102L 07/31/19	Form	n 990 (2019)

 Form 990 (2019)
 PALOUSE
 LAND
 TRUST,
 INC.

 Part IV
 Checklist of Required Schedules

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Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D</i> , <i>Part VI</i>	11 a	Х	
ł	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	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	11 c		Х
C	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
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	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII,	12a		Х
ł	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17		17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i> .	18	L	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21		Х

 Form 990 (2019)
 PALOUSE
 LAND
 TRUST,
 INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		х
l	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		L
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i> .	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
i	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
l	b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part L</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
l	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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 5		. 03	
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		Х
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2 a Excit the number of numberse reported on from V0.7. Transmittal of Wage and Tax State 2 a 3 a Direct the number of numberse reported on from V0.7. Transmittal of Wage and Tax State 2 a 4 a Max Method on the state of the organization file at regulared federal employment fax returns? 2 b 3 a Dir the organization have univelaced boaries gross mecone of \$1.000 or more during the year? 3 a 4 A any Method month be called boaries gross mecone of \$1.000 or more during the year? 3 a 5 A State memory the called boaries gross mecone of \$1.000 or more during the year? 3 a 5 A State memory the called boaries gross mecone of \$1.000 or more during the year? 5 a 5 A State mergin country (such the state state at the sta		19418	P	age 5
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State 2a 3 bit at less of is reported on the 2A, did the organization file at ingradue detail and propertition that neturns? 2b X bit at less of is reported on the 2A, did the organization file at ingradue details and propertition the set ingradue details and the set organization file at ingradue details and the set of the set or the set of the set or the set of the set or the set or the set of the set or the se	Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X A Both the organization base unrelated business gross income of \$1,000 or more during the year? 3a bit the organization have unrelated business gross income of \$1,000 or more during the year? 3b bit for \$1 ing equirements of bits and bits \$2 more are exploated or . 3b bit for \$1 ing equirements for FinCEN Form 114, Report of Foreing Bank and Financial accounts (FSAR) 5a was the expanzion a party to a prohibited tax shells transaction at any time during the tax year? 5a X 5a was the expanzion aparty to a prohibited tax shells transaction at any time during the tax year? 5a X 5a was the expanzion aparty to a prohibited tax shells transaction at any time during the tax year? 5a X 5a was the expanzion aparty to a prohibited tax shells transaction at any time during the tax year? 5a X 5a was the expanzion include with every solicitation an express statement that schemical Accounts (FSAR) 5c X 5a bit the organization netwe annual gross receipts hal are normally greater than \$100,000, and us the organization ever not tax deductible as charitable ordinbulations and the properties or . 5c X 5a bit the organization netwe annual gross receipts hal are normally greater than \$100,000, and us the organization ever a statement that schemized incombact here any every solicitation express statement that schemized incombact here any account with the service provided to the payor. 7a X 7b the organization netwe any every			Yes	No
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3 Dit the organization have unrelated biseness gross income of \$1,000 or more during the year? 3 a 4 A stary the a title a fam 500-16 mits year? if <i>Mit is less</i> , pavels an explander on Schedule 0. 3 b 4 A stary the during the calendar year, do the organization have an interest in, or a signiture or other automity over, a 3 b 4 A stary the during the calendar year, do the organization have an interest in, or a signiture or other automity over, a 3 b 5 Wost the organization approximation is a year interest in, or a signiture or other automity over, a 4 a 5 Wost the organization approximation is the scenario account, or other timencial account, is contributions that was interest reasonical actor with during the tax year? 5 a 5 Wost the organization nave annual gross receipts that are normally greater than \$100,000, and on the organization on other where not tax declubel ac contributions and party for goods and services provided? 6 b 7 Organizations that may receive deductible contributions under section 170(c). a a a Did the organization noisity the during the year. 7 d X b If "res, idd the organization on offly the during the year. 7 d X d If "res, idd the organization of qualifies in elesses of strop the paral work in the screaurel to file. 7 d X d If "res, idd the organization on dig. Group of the during the year. 7 d X X	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
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42. A lary time during the calendar year, ddl be organization have an interest in, or a signature or other nuthority ore, at the time country (south as bank account, south); south as country (south); south as party to a prohibited tax sheller transaction at any time during the tax year? 4.a. X 5.a. Was the organization appry to a prohibited tax sheller transaction at any time during the tax year? 5.a. X 6.1. Yes, 'and the organization have annual gross receipts that are normally greater than \$100,000, and tail the organization for one set of the organization nature on this addicible as christialle contributions and party in the transaction at party in a prohibited tax sheller transaction at any time during the tax year? 5.a. X 6.a. X bit her organization nature were not tax deductible as christialle contributions and party in the organization nature were not tax deductible as christial contributions and party in the tax year? 5.a. X 7.0. Tax the degramization nature approximation and party is a droinbution and party in the organization nature approximation and party in the organization nature approximation and party in the party is a promoting disclose any control to the party? 7.a. X 7.1. Yes, 'and the organization nature approximation and party in the tax organization nature approximation and party in the organization frame approximation and party in the organization frama tax organization frame approximation and party in t	3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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11 Section 501(c)(12) organizations. Enter: a Gross income from members of shareholders. 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13c b Enter the amount of reserves on hand 13a 14a X b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> . 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If 'Yes,' see instructions and file Form 4720, Schedule N. 15 X 15 If 'Yes,' see instructions and file Form 4720, Schedule N. 16 X	a Initiation fees and capital contributions included on Part VIII, line 12 10a			
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11b 11b 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?. 12a b If Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If 'Yes,' see instructions and file Form 4720, Schedule N. 15 X 16 X	11 Section 501(c)(12) organizations. Enter:			
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a a Is the organization licensed to issue qualified health plans in more than one state? 13 a Note: See the instructions for additional information the organization must report on Schedule O. 13 a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13 b c Enter the amount of reserves on hand 13 c 14 a Did the organization receive any payments for indoor tanning services during the tax year? 14 a 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If 'Yes,' see instructions and file Form 4720, Schedule N. 16 X	12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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Note: See the instructions for additional information the organization must report on Schedule O. Image: State of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. Image: Im	13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
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c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14a 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If 'Yes,' see instructions and file Form 4720, Schedule N. 16 X	5			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		14a		Х
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i>	14b		<u> </u>
excess parachute payment(s) during the year? 15 X If 'Yes,' see instructions and file Form 4720, Schedule N. 16 X 16 X 16 X				
If 'Yes,' see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		15		Х
	16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х

Pa	rt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be	low,	and	for			
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan Schedule O. See instructions.	ges c	n				
	Check if Schedule O contains a response or note to any line in this Part VI.			. Х			
Se	ction A. Governing Body and Management						
1	a Enter the number of voting members of the governing body at the end of the tax year 1 a 13		Yes	No			
1	a Enter the number of voting members of the governing body at the end of the tax year 1 a 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 1 a 13						
	b Enter the number of voting members included on line 1a, above, who are independent 1b 13						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Х			
3	of officers, directors, trustees, or key employees to a management company or other person?	3		Х			
4							
_	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 6		X X			
6	Did the organization have members or stockholders? a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	6		Å			
'	members of the governing body?	7 a		Х			
	b Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	stockholders, or persons other than the governing body?	7 b		Х			
8	the following:		37				
	a The governing body? b Each committee with authority to act on behalf of the governing body?	8 a	X X				
9		8 b	Λ				
9	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q	9		Х			
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Coo							
10	- Did the experimetion have level showtone, hyperbox or offiliates?	10 -	Yes	No X			
	 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 	10 a		Λ			
	operations are consistent with the organization's exempt purposes?	10 b					
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х				
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O						
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х				
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was doneSEE.SCHEDULE.Q	12 c	Х				
13	5	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	15 a		Х			
	b Other officers or key employees of the organization	15 b		Х			
	If Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).						
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х			
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b					
See	ction C. Disclosure						
17							
18	available for public inspection. Indicate how you made these available. Check all that apply.)1(c)(3	3)s on	ly)			
	X Own website X Upon request Other (explain on Schedule O)						
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availa the public during the tax year. SEE SCHEDULE O	ble to					
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►						
	LOVINA ENGLUND PO BOX 8506 MOSCOW ID 83843 208-596-4496	Farm	000 /	2010			
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C Independent Contractors	Compensated Employee	es, and
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensate	d Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending wi organization's tax year.	ith or within the	
• List all of the organization's current officers, directors, trustees (whether individuals or organization compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ns), regardless of amount of	
 List all of the organization's current key employees, if any. See instructions for definition of 'key end of the second se	mployee.'	

• 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.

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

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

		(C)									
	(A) Name and title	(B) Average hours per	age is both an officer and a director/trustee)		th an officer and a lirector/trustee)			on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1)	ASA_CLARK	0	X						0.	0.	0.
(2)	JANICE SMITH-HILL	$\frac{1}{0}$	X		Х				0.	0.	0.
	WAYNE JENSEN DIRECTOR	0	X		Ť				0.	0.	0.
	NICK SANYAL DIRECTOR	0 0	x						0.	0.	0.
	JOCELYN AYCRIGG VICE PRESIDENT	<u>1</u>	х		Х				0.	0.	0.
	ROGER BLANCHARD TREASURER	<u>1</u>	Х		Х				0.	0.	0.
(7)	HELEN STROEBEL	<u>1</u>	Х						0.	0.	0.
(8)	SHARYL KAMMERZELL DIRECTOR	<u> 1 </u>	х						0.	0.	0.
(9)	COLIN PRIEBE	<u> </u>	Х						0.	0.	0.
(10)	LIBBY WALKER SECRETARY	$\frac{1}{0}$	Х		Х				0.	0.	0.
(11)	DALE MILLER	00	x						0.	0.	0.
(12)	ANDREW HOEHN	10	Х						0.	0.	0.
(13)	GUILLERMO MODAD DIRECTOR	0	Х						0.	0.	0.
(14)											
			•			•					

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Par	VII Section A. Officers, Directors, Tr		Key	En			es,	and	d Highest Con	pensated Emp	oyees	(continued)
	(A) Name and title	(B) Average hours per week	box offi	, unle	Po: check	erson direct	e than is botl or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from related organizations	Estimate	(F) ed amount other
		(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	the org and	sation from anization related izations
(15)			•									
(16)												
(17)			•									
(18)												
(19)												
(20)						T						
(21)												
(22)												
(23)												
(24)												
(25)												
1 b	Subtotal							►	0.	0.	L	0.
	Total from continuation sheets to Part VII, Sect							•	0.	0.		0.
	Total (add lines 1b and 1c)							•	0.	0.		0.
	Total number of individuals (including but not limited from the organization 0	d to those I	listed	abo	ve) v	who	recei	ved	more than \$100,00	00 of reportable comp	ensation	
	Did the organization list any former officer, direction list any former officer, direction line 1a? <i>If 'Yes,' complete Schedule J for suc</i>											Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great	f renortab	le co	mne	ensa	ation	and	oth	er compensation	from		
5	such individual Did any person listed on line 1a receive or accru	le comper	nsatio	on fr	om	anv	unre	late	d organization or	individual	. 4	X
	for services rendered to the organization? If 'Ye ion B. Independent Contractors	s, comple	ele Si	cnec	uie	JTC	or suc	:п р	erson		. 5	Х
1	Complete this table for your five highest comper compensation from the organization. Report comper	nsated ind	epen	den alen	t coi dar	ntra vear	ctors	tha	at received more t	han \$100,000 of		
	(A) Name and business add			ulon	uur	Jour	onu	iig i	(B) Description	<u> </u>	(C) Compen) sation
	Total number of independent contractors (including \$100,000 of compensation from the organization		ited t	o tha	ose l	listeo	d abo	ve)	who received more	than		

Form 990 (2019) PALOUSE LAND TRUST, INC.

Part VIII Statement of Revenue

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			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from under section 512-514
1	a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1 d					
	e Government grants (contributions) 1 e	222,400.				
1	f All other contributions, gifts, grants, and similar amounts not included above 1 f	193,163.				
	a Noncash contributions included in	19071001				
	lines 1a-1f	►	415 560			
		Business Code	415,563.			
2	a	245				
	b					
	c					
	dd					
	e				-	
t	f All other program service revenue					
	g Total. Add lines 2a-2f					
3		nterest, and				
	other similar amounts)		21,149.			21,14
4	Income from investment of tax-exempt					
5	Royalties	(ii) Personal				
6	a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
	a Gross amount from (i) Securities	(ii) Other				
,	sales of assets					
	other than inventory 7a 9,350 b Less: cost or other basis	•				
	and sales expenses 7b 5,899					
	c Gain or (loss) 7c 3,4 51					
	d Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	3,451.			3,45
8	a Gross income from fundraising events					
	(not including \$ of contributions reported on line 1c).					
	See Part IV, line 18					
	b Less: direct expenses 8					
	c Net income or (loss) from fundraising e					
	a Gross income from gaming activities.					
1	See Part IV, line 19 9	a				
	b Less: direct expenses 9	b				
	c Net income or (loss) from gaming activ	vities ►				
10	a Gross sales of inventory, less 10					
	b Less: cost of goods sold	-				
<u> </u>	c Net income or (loss) from sales of inve	Business Code				
11	a	Busiliess oute				
11 : 	~					
	d All other revenue					
	e Total. Add lines 11a-11d	►				

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX.....

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Form 990 (2019) PALOUSE LAND TRUST, INC.

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Part X Balance Sheet

Га	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X					
			(A) Beginning of year		(B) End of year		
	1	Cash – non-interest-bearing	163,219.	1	56,512.		
	2	Savings and temporary cash investments.		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	17,598.	4	4,287.		
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5			
	6	Loans and other receivables from other disqualified persons (as defined under					
		section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	502,736. 356,986. 920,521. 688.		
	7	Notes and loans receivable, net		7			
ts	8	Inventories for sale or use		8			
Assets	9	Prepaid expenses and deferred charges		9			
Å	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation 10b 15,799.	307,722.	10 c	502,736.		
	11	Investments – publicly traded securities.	190,865.	11			
	12	Investments – other securities. See Part IV, line 11		12			
	13	Investments – program-related. See Part IV, line 11		13			
	14	Intangible assets.		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 33)	679,404.	16	920,521.		
	17	Accounts payable and accrued expenses	3,065.	17	688.		
	18	Grants payable		18			
	19	Deferred revenue	92,278.	19	90,576.		
~	20	Tax-exempt bond liabilities		20			
ţie	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21			
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22			
, ment	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable to unrelated third parties		24			
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	24,400.		
	26	Total liabilities. Add lines 17 through 25	95,343.	26			
Balances		Organizations that follow FASB ASC 958, check here ► X					
anc		and complete lines 27, 28, 32, and 33.	202 005	27	<u> </u>		
3ali	27	Net assets without donor restrictions	383,987.	27			
đ	28	Organizations that do not follow FASB ASC 958, check here ►	200,074.	28	168,457.		
Fund		and complete lines 29 through 33.					
0	29	Capital stock or trust principal, or current funds		29			
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30			
Net Assets	31	Retained earnings, endowment, accumulated income, or other funds		31			
≥t A	32	Total net assets or fund balances	584,061.	32	804,857.		
ž	33	Total liabilities and net assets/fund balances.	679,404.	33	920,521.		

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Form 990 (2019)

Form	n 990 (2019) PALOUSE LAND TRUST, INC. 94-321	9418		Pa	ge 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12) 1		44	10,1	63.
2	Total expenses (must equal Part IX, column (A), line 25). 2		21	L4,3	90.
3	Revenue less expenses. Subtract line 2 from line 1 3		22	25,7	73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).				61.
5	Net unrealized gains (losses) on investments. 5			-4,9	977.
6	Donated services and use of facilities				
7	Investment expenses				
8					
9 10					0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10		80)4,8	57.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?	[2a	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or	ıa 🗌			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
Ł	b Were the organization's financial statements audited by an independent accountant?	· · · · · · L	2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
	\mathbf{c} If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
Ľ	review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
			<u>Ja</u>		
Ľ	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Зb		
BAA				990 (2019)
BAA			UIIII	550 (2013)

SCHEDULE A (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.

2019

OMB No. 1545-0047

Open	to	Public	
İns	peo	ction	

Depart Interna	ment of the Treasury I Revenue Service	► (Go to www.irs.gov/Fo	orm990 for instructions		latest i	nformation.		Open to Public Inspection
	of the organization								tion number
	OUSE LAND TRU			·			94-32		
Par				rganizations must o			1 1	struct	ions.
1 2 3 4	A church, conven A school describe A hospital or a o A medical resea	, ition of church ed in section cooperative h arch organiza	nes, or association of c 1 70(b)(1)(A)(ii). (Attach nospital service organ	For lines 1 through 12, hurches described in sect Schedule E (Form 990 or ization described in sec unction with a hospital o	tion 170(990-EZ) tion 170	(b)(1)(A)().) 0 (b)(1)(4	i). A)(iii).	(iii). E	nter the hospital's
5	name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6			, ,	ental unit described in s	ection 1	70(b)(1)	(A)(v).		
7	X An organization t in section 170(b	hat normally ()(1)(A)(vi). (receives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the gene	eral pub	lic described
8	A community tru	ust described	l in section 170(b)(1)(A)(vi). (Complete Part I	1.)				
9				ction 170(b)(1)(A)(ix) operative (see instructions). Enter					
10	from activities re investment inco June 30, 1975.	elated to its o me and unre See section	exempt functions—sul lated business taxabl 509(a)(2). (Complete		ons, and 511 tax)	(2) no (from b	more than 33-1/3 usinesses acquir	3% of i	s support from gross
11	An organization	organized a	nd operated exclusive	ely to test for public safe	ety. See	sectior	ı 509(a)(4).		
12 a	or more publicly lines 12a throug Type I. A support organization(s) th	supported of the supported of the support of the support of the the power to re	organizations describe escribes the type of s on operated, supervise eqularly appoint or elec	ely for the benefit of, to ed in section 509(a)(1) of upporting organization a d, or controlled by its sup t a majority of the director	or sectio and com	on 509(a nplete lii organizat)(2). See section nes 12e, 12f, and ion(s). typically by	1 509(a) 1 12g. 7 aivina	(3). Check the box in the supported
b	management of t	orting organiz he supporting	zation supervised or o organization vested in	controlled in connection the same persons that co	with its ontrol or	support manage	ed organization(the supported or	s), by l ganizati	naving control or on(s). You
с	must complete	Illy integrated	. A supporting organiza	tion operated in connection	n with, ai	nd <u>f</u> uncti	onally integrated w	ith, its s	supported
d	Type III non-func	tionally integ	rated. A supporting orgonization generally	plete Part IV, Sections / janization operated in cor / must satisfy a distribu is A and D, and Part V.	nection	with its s	supported organization of the second se	ation(s) eness	that is not requirement (see
е	Check this box i	f the organiz	ation received a writt	en determination from t supporting organization		that it is	a Type I, Type	II, Type	e III functionally
f									
g	Provide the following	ng informatio	n about the supporte	d organization(s).					
	(i) Name of supported orga	nization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed joverning ment?	(v) Amount of mor support (see instru		(vi) Amount of other support (see instructions)
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Total									
							<u> </u>		

	(Complete only if you checked organization fails to qualify u	the box on line 5, under the tests lis	7, or 8 of Part I or i ted below, please	f the organization complete Part III	failed to qualify und .)	der Part III. If the			
Sec	tion A. Public Support								
begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)	169,243.	490,200.	331,802.	201,046.	415,190.	1,607,481.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
	Total. Add lines 1 through 3	169,243.	490,200.	331,802.	201,046.	415,190.	1,607,481.		
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)				\bigcirc		37,891.		
6	Public support. Subtract line 5 from line 4						1,569,590.		
Sec	tion B. Total Support								
	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4	169,243.	490,200.	331,802.	201,046.	415,190.	1,607,481.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		\frown				0.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	273.	3,536.	7,447.	6,357.	7,555.	25,168.		
	Total support. Add lines 7 through 10 Gross receipts from related activ	ities etc. (see ins	structions			12	1,632,649.		
						L1	0.		
	First five years. If the Form 990 is organization, check this box and	stop here		rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	►		
Sec	tion C. Computation of Pul Public support percentage for 20	blic Support P	ercentage	11 1 (0)					
	Public support percentage for 20 Public support percentage from 2						<u>96.14 %</u> 94.07 %		
16a	33-1/3% support test—2019. If the and stop here. The organization	he organization di qualifies as a put	d not check the bo blicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	% or more, check	k this box		
b	b 33-1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	' test, check this	box and stop her	e. Explain in Part	VI how		
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	test, check this tion qualifies as a	box and stop her a publicly supporte	e. Explain in Part ed organization.	∶VI how the		
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,					
BAA					Sch	nedule A (Form 99	90 or 990-EZ) 2019		

Schedule A (Form 990 or 990-EZ) 2019 PALOUSE LAND TRUST, INC.

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

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons			C			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			·	•		
	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						
с	acquired after June 30, 1975 Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)(3) ►
	tion C. Computation of Pu						
	Public support percentage for 20						010
	Public support percentage from					16	olo
Sec	tion D. Computation of Inv		-				-
17	Investment income percentage f						010
18	Investment income percentage f						010
19a	33-1/3% support tests-2019. If is not more than 33-1/3%, check	the organization d this box and sto	lid not check the p here. The orgar	box on line 14, ar nization qualifies a	nd line 15 is more as a publicly supp	than 33-1/3%, an orted organization	id line 17 n▶
b	33-1/3% support tests – 2018. If f line 18 is not more than 33-1/3%						
20	Private foundation. If the organi		-				
-							

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 Part IV
 Supporting Organizations

 (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
l	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
ļ	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)</i> .	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
I	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>	9b		
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9c		
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
	b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

ra	in iv Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
	b A family member of a person described in (a) above? 11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.		
Se	ction B. Type I Supporting Organizations		
		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove		
	directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

		Yes	No
Vere a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			
supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

Yes

2a

2b

3a

3h

No

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2

Page 5

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizat	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organization	st on No ons mus	ov. 20, 1970 (explain ir st complete Sections A	Part VI). See through E.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
		- III II	

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

Schedule A (Form 990 or 990-EZ) 2019

upporting Organizat	tions (continued)	
		Current Year
irposes		
of supported organizations	,	
upported organizations		
ion is responsive (provide	details	
		·
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
	irposes of supported organizations upported organizations ion is responsive (provide	of supported organizations, upported organizations ion is responsive (provide details (i) Excess Underdistributions

BAA

Schedule A (Form 990 or 990-EZ) 2019

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Part VI

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		2019		2018		2017		2016	2015
INTEREST INCOME DIVIDEND INCOME TO:	\$ TAL <u>\$</u>	31. 7,524. 7,555.	\$ \$	36. <u>6,321.</u> 6,357.	\$ \$	<u>7,447.</u> 7,447.	\$ \$	2.\$ 3,534. 3,536.\$	81. <u>192.</u> 273.

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Schedule B	;
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or 990-PF)

(Form 990, 990-EZ,

Department of the Treasury

Schedule of Contributors

OMB No. 1545-0047

2019

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

Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information	on.
Name of the organization		Employer identification number
PALOUSE LAND TRUS	T, INC.	94-3219418
Organization type (check or	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private	e foundation
Form 990-PF	527 political organization	
	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private for	undation
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
 - For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA 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) (2019)	1	1	Page 2
Name of organization	Employer identification numb	er	
PALOUSE LAND TRUST, INC.	94-3219418		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	GAIL & MARK DESANTIS		Person X Payroll
	1221 HIGHLAND DR	\$ <u>10,000.</u>	Noncash
	MOSCOW, ID 83843		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>2</u>	IDAHO_DEPARTMENT_OF_FISH & GAME	\$ 14,848.	Person X Payroll Noncash
	BOISE, ID 83707		(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	1	1	Page 3
Name of organization	Employer iden	tification nu	mber
PALOUSE LAND TRUST, INC.	94-3219	418	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	NONCASH Property (see instructions). Use duplicate copies of Part II if additi	onal space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$\$	
<			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(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
		(000	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
]	
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AA	1	Schedule B (Form 990, 990-E	7. or 990-PF) (20'

	3 (Form 990, 990-EZ, or 990-PF) (2019)			1	1	Page 4
Name of organ	nization E LAND TRUST, INC.			Employer id 94-321	lentification nu .9418	mber
Part III		he year from any one contribut ompleting Part III, enter the total o (Enter this information once. See	or. Complet	lescribed in sectio te columns (a) through (e) e/y religious, charitable,	n 501(c)() and etc.,	
(a) No. from Part I		(c) Use of gift		(d) Description of h) ow gift is h	eld
Farti	N/A					
						·
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor t	o transfere	e
						·
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d Description of h) ow gift is h	eld
						· ·
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of h) ow gift is h	eld
			·			· ·
	Transferee's name, addres	Rela	tionship of transferor t	o transfere	e	
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(ď Description of h) ow gift is h	eld
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	L				- 	· - ·
	(e) Transferee's name, address, and ZIP + 4			tionship of transferor t	o transfere	e
						·
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BAA			Sche	dule B (Form 990, 990-E	Z, or 990-PF) (2019)

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<pre>are the organization's property, subject to the organization's exclusive legal control?</pre>		-						
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and enforcement of the conservation easements it holds? X Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ✓ 7 Armount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ✓ *	4 Numbe	r of states v	where property subject to conse	ervation easement is located ►	2			
 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$							Yes [No
 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year *\$ 6,914. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. SEE PART XIII Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: c) Revenue included on Form 990, Part XIII, line 1	6 Staff a						J L	
 \$		t of exnense	es incurred in monitoring, insp	ecting handling of violations and e	enforcing conservation easem	ents durina t	he vear	
 and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. SEE PART XIII Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on 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 FASB ASC 958 relating to these items: 				ooting, handling of fiolations, and c				
 include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. SEE PART XIII Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. ¹a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on 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 FASB ASC 958 relating to these items: 	8 Does e and se	each conse ction 170(h	rvation easement reported o n)(4)(B)(ii)?	on line 2(d) above satisfy the requ	uirements of section 170(h)	(4)(B)(i)	Yes	No
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on 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 FASB ASC 958 relating to these items:	include	e, if applica	ble, the text of the footnote	to the organization's financial sta	its revenue and expense st atements that describes the	atement an organizatio	d balance sl on's accounti	neet, and ing for
 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on 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 FASB ASC 958 relating to these items: 	Part III	Drganizal	tions Maintaining Colle	ections of Art. Historical T	reasures, or Other Sin Part IV, line 8.	nilar Asso	ets.	
following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	1 a If the on historie	organization cal treasure	n elected, as permitted unde es, or other similar assets he	er FASB ASC 958, not to report in eld for public exhibition, educatio	n its revenue statement and n, or research in furtheranc	l balance sh e of public	neet works o service, prov	f art, /ide in
 (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 FASB ASC 958 relating to these items: 	followi	ng amounts	s relating to these items:				works of art provide the	• 9
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 FASB ASC 958 relating to these items:	••							
	• •							
							owing	
a Revenue included on Form 990, Part VIII, line 1								
BAS For Paperwork Reduction Act Notice, see the Instructions for Form 990. TEEA3301L 8/22/19 Schedule D (Form 990) 2019							Ile D (Form	990) 2019

BAA	For Paperwork Reduction Act Notice, see the Instructions for Form	99

Schedule D (Form 990) 2019 PALOUSE LAN				94-3219		Page 2
Part III Organizations Maintaining Co	ollections of	of Art, Histori	cal Treasures, or C	Other Similar Ass	ets (continu	ed)
3 Using the organization's acquisition, accession items (check all that apply):	n, and other re	cords, check any	of the following that mak	e significant use of its o	collection	
a Public exhibition		d 🗌 Loan or	exchange program			
b Scholarly research		e Other	oxonango program			
c Preservation for future generations						
 Provide a description of the organization's coll Part XIII. 	lections and ex	xplain how they fu	rther the organization's e	exempt purpose in		
5 During the year, did the organization solicit to be sold to raise funds rather than to be	t or receive de maintained as	onations of art, h s part of the org	nistorical treasures, or a anization's collection?.	other similar assets	Yes	No
Part IV Escrow and Custodial Arrang line 9, or reported an amount	ements. Co on Form 99	omplete if the 90. Part X. lir	e organization ansv ne 21.	vered 'Yes' on For	rm 990, Par	t IV,
1 a Is the organization an agent, trustee, custo				accate pat included		
on Form 990, Part X?					Yes	No
b If 'Yes,' explain the arrangement in Part X	III and comple	ete the following	table:			<u> </u>
					Amount	
c Beginning balance						
d Additions during the year.				· · · ·		
e Distributions during the year						
f Ending balance.						
2 a Did the organization include an amount on				-		No
b If 'Yes,' explain the arrangement in Part X	п. спеск пег	e ii the explanat	ion has been provided		· · · · · · · · · L	
Part V Endowment Funds. Complete	if the oras	nization ans	vered 'Yes' on Forr	m 990 Part IV lin	<u>10</u>	
	rent year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years	s back
1 a Beginning of year balance	Tone your					<u>, paon</u>
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships					+	
e Other expenditures for facilities and programs						
f Administrative expenses					1	
g End of year balance						
2 Provide the estimated percentage of the cu	urrent year en	d balance (line	1g, column (a)) held as	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	•	
a Board designated or quasi-endowment 🕨		00				
b Permanent endowment ►	_00					
c Term endowment ►%						
The percentages on lines 2a, 2b, and 2c shou	ld equal 100%					
3 a Are there endowment funds not in the possess	sion of the org	anization that are	held and administered for	or the		
organization by:					Yes	No
(i) Unrelated organizations					3a(i)	<u> </u>
(ii) Related organizations					3a(ii)	
b If 'Yes' on line 3a(ii), are the related organ4 Describe in Part XIII the intended uses of t					3b	<u> </u>
Part VI Land, Buildings, and Equipme			iunus.			
Complete if the organization a		(es' on Form	990 Part IV line 1	1a See Form 990	0 Part X lir	ne 10
Description of property		or other basis			(d) Book va	
Description of property		estment)	(b) Cost or other basis (other)	(c) Accumulated depreciation		liue
1 a Land.			486,931.		486	,931.
b Buildings						
c Leasehold improvements						
d Equipment			8,998.	8,764.		234.
e Other			22,606.	7,035.		,571.
Total. Add lines 1a through 1e. (Column (d) mus	t equal Form	990, Part X, col	umn (B), line 10c.)			,736.
BAA				Schedu	ule D (Form 990) 2019

Schedule D (Form 990) 2019 PALOUSE LAND TRUST	ſ, INC.	94-321	.9418 Page 3
Part VII Investments – Other Securities. Complete if the organization answered	l 'Yes' on Form 990	N/A), Part IV, line 11b. See Form 9	90, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H) 			
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ► Part VIII Investments — Program Related.		NI / A	
Part VIII Investments – Program Related. Complete if the organization answered	I 'Yes' on Form 990), Part IV, line 11c. See Form 99	90, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).	N/A		
Complete if the organization answered	I 'Yes' on Form 990), Part IV, line 11d. See Form 9	90, Part X, line 15.
(a) De	scription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (l	B) line 15.)	•••••••••••••••••••••••••••••••••••••••	
Part X Other Liabilities. Complete if the organization answered 'Yes' on F	Corm 000 Dort IV line 1	lo or 11f Soo Form 000 Port V line 25	
	iption of liability	Te of TTL. See Forth 990, Fart A, the 25.	(b) Book value
(1) Federal income taxes			
(2) PPP LOAN			24,400.
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
(10)			
(11)			

 Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).....
 24, 4

 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

 24,<u>400.</u> tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.....

Schedule D (Form 990) 2019 PALOUSE LAND TRUST, INC.	94-3219418	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1.		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments 2b		
c Other losses.		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d.		
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS

UPON ACCEPTING A CONSERVATION EASEMENT, THE LAND TRUST ASSUMES A PERPETUAL OBLIGATION TO MONITOR, AT LEAST ANNUALLY, THE AFFECTED PROPERTY TO ENSURE THAT THE LANDOWNERS COMPLY WITH THE RESTRICTIONS IN THE EASEMENT. FURTHER, THE LAND TRUST IS PERPETUALLY OBLIGED TO ENFORCE PROVISIONS OF THE EASEMENTS IN THE EVENT OF A VIOLATION TO THE TERMS OF THE EASEMENT. ENFORCING AN EASEMENT VIOLATION COULD INVOLVE COSTLY LEGAL OR OTHER EXPENSES. THE LAND TRUST CLASSIFIES THESE EASEMENTS AS COLLECTIONS HELD FOR THE BENEFIT OF THE PUBLIC AND, ALTHOUGH CONSERVATION EASEMENTS ARE REAL PROPERTY RIGHTS

Schedule D (Form 990) 2019

PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS (CONTINUED)

AND THE DONOR MAY RECEIVE A CHARITABLE TAX DEDUCTION FOR AN ASSESSED VALUE, THEY POSSESS LITTLE OR NO MARKET VALUE. BECAUSE OF THIS LIMITED MARKET AND DUE TO THE OBLIGATIONS INHERENT IN EASEMENT OWNERSHIP, THE LAND TRUST PLACES NO VALUE ON THESE COLLECTIONS OF EASEMENT HOLDINGS FOR FINANCIAL REPORTING PURPOSES. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PALOUSE LAND TRUST, INC.

Employer identification number 94 - 3219418

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

OUTREACH AND COMMUNITY ENGAGEMENT - EXPANDING OPPORTUNITIES TO SHOWCASE THE VALUES AND THE SPECIAL QUALITIES OF THE LANDS WE CONSERVE DRAWS MORE PEOPLE TO OUR MISSION. OFFERING EXPERIENTIAL OUTINGS, WELLNESS PROGRAMS, AND ENRICHMENT AND EDUCATIONAL ACTIVITIES ON OUR PRESERVES AND OTHER CONSERVED

PROPERTIES CONNECTS MORE PEOPLE OF ALL AGES, BACKGROUNDS, AND ABILITIES WITH OUR WORK AND THE POWER OF THE LAND. PROVIDING LEADERSHIP AND RESOURCES FOR COMMUNITY-ORIENTED CONSERVATION PROJECTS STRENGTHENS AND EXPANDS OPPORTUNITIES FOR THE PUBLIC TO BE INVOLVED AND BECOME CHAMPIONS OF CONSERVATION THEMSELVES. STRENGTHENING EXISTING PARTNERSHIPS AND BUILDING NEW ONES WITH LOCAL SCHOOLS, NONPROFIT ORGANIZATIONS, CITY AND COUNTY LEADERSHIP AND AGENCIES OPENS WINDOWS OF OPPORTUNITY. STRONGER TOGETHER, WE CAN PROVIDE MORE STRUCTURED AND UNSTRUCTURED NATURE PLAY, EDUCATIONAL ACTIVITIES, AND PROGRAMMING TO CONNECT YOUTH WITH THE WONDER OF THE NATURAL WORLD.

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

LAND ACQUISITION - THE PALOUSE LAND TRUST WORKS WITH WILLING LANDOWNERS TO PROTECT OUR MOST TREASURED OPEN SPACES, ICONIC LANDSCAPES, AND CRITICAL HABITATS IN NORTH-CENTRAL IDAHO AND EASTERN WASHINGTON. THE PRIMARY TOOL THE LAND TRUST USES TO ACCOMPLISH THIS IS BY USING VOLUNTARY LEGAL AGREEMENTS CALLED CONSERVATION EASEMENTS. SINCE 1995, THE LAND TRUST HAS USED CONSERVATION EASEMENTS TO PROTECT THREATENED WORKING FARMS AND FORESTS, WILDLIFE HABITAT AND CORRIDORS, RARE AND ENDANGERED PLANTS AND HABITATS, VITAL WATERWAYS, AND AREAS FOR THE PUBLIC TO RECREATE AND ENJOY NATURE. WE PRIORITIZE CONSERVATION PROJECTS THAT PROTECT THE MOST RESILIENT AND IMPORTANT LANDS IN THE FACE OF A CHANGING CLIMATE. A TOP PRIORITY IS ON PROJECTS WHERE THERE IS A STRONG COMMITMENT TO EXPANDING PUBLIC RECREATION ACCESS

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
PALOUSE LAND TRUST, INC.	94-3219418

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

INCLUSIVE CONSERVATION MOVEMENT. THROUGH ACTIVE PARTICIPATION IN LOCAL AND REGIONAL PLANNING INITIATIVES, WE AMPLIFY THE IMPACT OF LOCAL LAND CONSERVATION TO CREATE THE FUTURE WE WISH TO SEE.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE DOCUMENT IS REVIEWED AND MODIFIED FOR ACCURACY BY THE BOARD'S FINANCE COMMITTEE AND THEN PRESENTED TO THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO COMPLETE ANNUAL ACKNOWLEDGEMENTS OF THE

CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL CONFLICTS IN THAT ANNUAL

ACKNOWLEDGEMENT.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, HOWEVER THERE WERE NO SUCH REQUESTS DURING THE TAX YEAR.

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A)	(B)	(C)	(D)
			PROGRAM	MANAGEMENT	FUND-
		TOTAL	SERVICES	& GENERAL	RAISING
PROFESSIONAL FEES		37,185.	23,819.	3,030.	10,336.
	TOTAL <u>\$</u>	37,185.	\$ 23,819.	\$ 3,030.	\$ 10,336.

6/30/20

2019 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

PALOUSE LAND TRUST, INC.

94-3219418

								,								
IO DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	Prior 179/ Bonus/ SP. Depr.	PRIOR DEC. BAL DEPR.	SALVAG /basis <u>reduct</u>	DEPR. BASIS	PRIOR DEPR.	метно	D LI	EE	RATE	CURRENT DEPR.
DRM 990/990-PF																
FURNITURE AND FIXTURES																
14 VAULT TOILET	4/10/19		22,606							22,606	807	200DB	MQ	7	.27550	6,2
TOTAL FURNITURE AND FIXTURE			22,606		0	(,	0	0 0	22,606	807				-	6,2
LAND																
5 LAND	12/31/12		4,931							4,931						
13 LAND HELD FOR CONSERVATIO	12/06/16		280,000							280,000						
15 LAND	1/01/19		202,000	1						202,000					_	
TOTAL LAND			486,931		0	C)	0	0 0	486,931	0					
MACHINERY AND EQUIPMENT																
1 STANDING POSTER DISPLAY	12/31/12		585							585	585	S/L	HY	5		
2 HP IPAQ 211/GPS RECEIVER	12/31/12		544							544	544	S/L	HY	5		
3 SONY DIGITAL CAMERA	12/31/12		379		·					379	379	S/L	HY	5		
4 DELL LATITUDE E5520	12/31/12		974							974	974	S/L	HY	5		
6 DIGITAL PROJECTOR	1/18/13		530							530	530	S/L	HY	5		
7 FIRE PROOF FILE CABINET	6/30/13		1,484							1,484	1,484	S/L	HY	5		
8 COMPUTER	7/01/14		721							721	720	S/L	HY	5	.10000	
9 WILDLIFE CAMERAS	7/02/15		1,868							1,868	1,463	S/L	MQ	5	.20000	
0 DESKTOP COMPUTER	10/17/15	Ŧ	371							371	271	S/L	MQ	5	.20000	
1 COMPUTER AND PERIPHERALS	12/29/15		1,029							1,029	747	S/L	MQ	5	.20000	
2 PHONE	2/22/16	_	513				- <u></u>			513	309	S/L	HY	5	.20000	
TOTAL MACHINERY AND EQUIPME			8,998		0	()	0	0 0	8,998	8,006					

