### Short Form
Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

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

#### Part I
Revenue, Expenses, and Changes in Net Assets or Fund Balances

For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Expenses</th>
<th>Net Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Contributions, gifts, grants, and similar amounts received</td>
<td>10 Grants and similar amounts paid (list in Schedule O)</td>
<td>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</td>
</tr>
<tr>
<td>2 Program service revenue including government fees and contracts</td>
<td>11 Benefits paid to or for members</td>
<td>19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)</td>
</tr>
<tr>
<td>3 Membership dues and assessments</td>
<td>12 Salaries, other compensation, and employee benefits</td>
<td>20 Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>4 Investment income</td>
<td>13 Professional fees and other payments to independent contractors</td>
<td>21 Net assets or fund balances at end of year. Combine lines 18 through 20</td>
</tr>
<tr>
<td>5a Gross amount from sale of assets other than inventory</td>
<td>14 Occupancy, rent, utilities, and maintenance</td>
<td></td>
</tr>
<tr>
<td>5b Less: cost or other basis and sales expenses</td>
<td>15 Printing, publications, postage, and shipping</td>
<td></td>
</tr>
<tr>
<td>5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td>
<td>16 Other expenses (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>6a Gross income from gaming (attach Schedule G if greater than $15,000)</td>
<td>17 Total expenses. Add lines 10 through 16</td>
<td></td>
</tr>
<tr>
<td>6b Gross income from fundraising events (not including $ of contributions)</td>
<td>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</td>
<td></td>
</tr>
<tr>
<td>6c Less: direct expenses from gaming and fundraising events</td>
<td>19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)</td>
<td></td>
</tr>
<tr>
<td>6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td>
<td>20 Other changes in net assets or fund balances (explain in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>6e Other revenue (describe in Schedule O)</td>
<td>21 Net assets or fund balances at end of year. Combine lines 18 through 20</td>
<td></td>
</tr>
</tbody>
</table>

Check if the organization used Schedule C to respond to any question in this Part I: ☐
### Part II Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II

<table>
<thead>
<tr>
<th>Category</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>6,279</td>
<td>2,536</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>2,940</td>
<td>2,940</td>
</tr>
<tr>
<td>24 Other assets (describe in Schedule O)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>25 Total assets</td>
<td>9,219</td>
<td>5,476</td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>9,219</td>
<td>5,476</td>
</tr>
</tbody>
</table>

### Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III

<table>
<thead>
<tr>
<th>Category</th>
<th>Expenses (Required for sections 501(c)(3) and 501(c)(4) organizations; optional for others.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Other program services (describe in Schedule O)</td>
</tr>
<tr>
<td>32</td>
<td>Total program service expenses (add lines 28a through 31)</td>
</tr>
</tbody>
</table>

### Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation</th>
<th>(d) Health benefits, contributions to employee benefit plans, &amp; deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
</table>

SEE ATTACHMENT #2
Name of the organization: VINELANDERS COMMUNITY LAND TRUST

Employer identification number: 27-2523810

**Part I** Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
9. An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10. An organization organized and operated exclusively for the benefit of a state, or the protection of animals described in section 509(a)(4).
11. An organization organized and operated exclusively for the benefit of the youth described in section 509(a)(4).

**Type I**

a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s). You must complete Part IV, Sections A and B.

b. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s). You must complete Part IV, Sections A, D and E.

d. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D and Part V.

e. Check this box if the organization is classified as a supporting organization eligible for tax-exempt status under section 509(a)(1) or section 509(a)(2).

f. Enter the number of supported organizations:

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above)</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

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

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Form 990-EZ (2015)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If “Yes,” provide a detailed description of each activity in Schedule O.

34 Were any significant changes made to the organizing or governing documents? If “Yes,” attach a conformed copy of the amended documents if they reflect a change to the organization’s name. Otherwise, explain the change on Schedule O (see instructions).

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

b If “Yes,” to line 35a, has the organization filed a Form 990-T for the year? If “No,” provide an explanation in Schedule O.

c Was the organization a section 501(c)(4), 501(c)(8), or 501(c)(9) organization subject to section 6033(c) notice, reporting, and proxy tax requirements during the year? If “Yes,” complete Schedule C, Part III.

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If “Yes,” complete applicable parts of Schedule N.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

b Did the organization file Form 1120-POL for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

b If “Yes,” complete Schedule L, Part II and enter the total amount involved.

39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9.

b Gross receipts, included on line 9, for public use of club facilities.

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year.

b Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If “Yes,” complete Schedule L, Part I.

c Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.

d Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If “Yes,” complete Form 8896-T.

41 List the states with which a copy of this return is filed.

42a The organization’s books are in care of SEE ATTACHMENT #3 Telephone no.

Located at ZIP + 4

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If “Yes,” enter the name of the foreign country.

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the U.S.?

If “Yes,” enter the name of the foreign country.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year.

44a Did the organization maintain any donor advised funds during the year? If “Yes,” Form 990 must be completed instead of Form 990-EZ.

b Did the organization operate one or more hospital facilities during the year? If “Yes,” Form 990 must be completed instead of Form 990-EZ.

c Did the organization receive any payments for indoor tanning services during the year?

d If “Yes” to line 44c, has the organization filed a Form 720 to report these payments? If “No,” provide an explanation in Schedule O.

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If “Yes,” Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).
VINELANDERS COMMUNITY LAND 27-2523810

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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. ................................................................. 46 X

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI. .................................................................

47 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. ................................................................. 47 X
48 Is the organization a school as described in section 170(b)(1)(A)(ii) ? If "Yes," complete Schedule E. ................................................................. 48 X
49a Did the organization make any transfers to an exempt non-charitable related organization? ................................................................. 49a X
49b If "Yes," was the related organization a section 527 organization? ................................................................. 49b X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None.”

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

51 Complete this table for the organization's five highest compensated independent contractors (other than officers) who each received more than $100,000 of compensation from the organization. If there is none, enter "None.”

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. ................................................................. Yes X No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer
ALICE GOODLOW
EXECUTIVE DIRECTOR
Date 2/28/16
Type or print name and title

Paid
Print/Type preparer's name
KATHLEEN GRAHAM KL
Preparer's signature
Date 2/28/16
Check if self-employed
PTIN 001987770
Preparer's EIN
Firm's address
HRB TAX GROUP INC
3613 S NOLAND RD
Firm's name
Firm's address
Firm's phone
816-461-6222
May the IRS discuss this return with the preparer shown above? See instructions
Yes X No

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**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Name of the organization: **VINELANDERS COMMUNITY LAND TRUST**
Employer identification number: 27-2523810

**Part I  Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state:
5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
9. An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10. An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D and Part V.

e. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f. Enter the number of supported organizations:

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Total

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
**Part III**  Support Schedule for Organizations Described in Section 509(a)(2)

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

**Section A. Public Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Gifts, grants, contributions, and membership fees received. (Do not include any “unusual grants.”)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3  Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4  Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5  The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6  Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a  Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c  Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8  Public support (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section B. Total Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9  Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c  Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13  Total support. (Add lines 9, 10c, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section C. Computation of Public Support Percentage**

<table>
<thead>
<tr>
<th>Public support percentage for 2015 (line 8, column (f)) divided by line 13, column (f)</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>0.00 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.00 %</td>
</tr>
</tbody>
</table>

**Section D. Computation of Investment Income Percentage**

<table>
<thead>
<tr>
<th>Investment income percentage for 2015 (line 10c, column (f)) divided by line 13, column (f)</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.00 %</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investment income percentage from 2014 Schedule A, Part III, line 17</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.00 %</td>
</tr>
</tbody>
</table>

| 19a 33 1/3% support tests — 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization |         |         |         |         |         |
| 19b 33 1/3% support tests — 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization |         |         |         |         |         |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions |         |         |         |         |         |
Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

VINELANDERS COMMUNITY LAND TRUST

Employer identification number

27-2523810

Organization type (check one):

Filers of:

Form 990 or 990-EZ

☐ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust, not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust, treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

☐ 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

FAD 15 990B1 BWF990 Form Software Copyright 1996 - 2016 HRB Tax Group, Inc.
**SCHEDULE G**
(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities**
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer Identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>VINELANDERS COMMUNITY LAND TRUST</td>
<td>27-2523810</td>
</tr>
</tbody>
</table>

**Part I**
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - (a) Mail solicitations
   - (b) Internet and email solicitations
   - (c) Phone solicitations
   - (d) In-person solicitations
   - (e) Solicitation of non-government grants
   - (f) Solicitation of government grants
   - (g) Special fundraising events

2. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
   - Yes
   - No

3. If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
11 Does the organization conduct gaming activities with nonmembers? □ Yes □ No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? □ Yes □ No
13 Indicate the percentage of gaming activity conducted in:
   a The organization's facility ___________________________ 13a %
   b An outside facility ___________________________ 13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

   Name ▶

   Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ Yes □ No
15b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________
15c If "Yes," enter name and address of the third party:

   Name ▶

   Address ▶

16 Gaming manager information:

   Name ▶

   Gaming manager compensation ▶ $ ____________

   Description of services provided ▶

   □ Director/officer □ Employee □ Independent contractor

17 Mandatory distributions:
   a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ No
   b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
Name of the organization: VINELANDERS COMMUNITY LAND TRUST

Employer identification number: 27-2523810

PHONE VIPE - 250

RESERVATION FOR MEETING ROOM - 608

PAY SIMPLE - 180

BANK FEE - 613

ADVERTISI - 5839

RENAT CAR AND TRAVEL - 3533

INS CAR - 621

OFFICE PHONE - 1729

WEB HOSTING - 284

CELL - 720

OFFICE SUPPLIES - 1318

GAS - 862

MISC - 1761

LUNCH - 30

COMPUTER LEASE - 513

INTERNET - 1347
<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Employer Identification Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>VINELANDERS COMMUNITY LAND TRUST</td>
<td>27-2523810</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSIST LOW INCOME PERSONS WITH HOUSING</td>
</tr>
<tr>
<td>Name and Title</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>ALICE GOODLOW</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
2015 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 3 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION For calendar year 2015, or tax period beginning , and ending .

Name of Organization Employer Identification Number
VINELANDERS COMMUNITY LAND TRUST 27-2523810

Part V - Line 42a

Individual Name ............................................................... 

or

Business Name: ............................................................... 

Street Address ............................................................... 

U.S. Address:

Zip code City State ___

or

Foreign Address

City ............................................................... 

Province or State ............................................................... 

Country ............................................................... 

Postal code ............................................................... 

Phone Number ............................................................... 

Fax Number ...............................................................
### 2015 DETAIL STATEMENTS

**VINELANDERS COMMUNITY LAND TRU**

**27-2523810**

**PAGE 1**

---

**STATEMENT #1 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARCHITECT</td>
<td>12,176</td>
</tr>
<tr>
<td>TAX PREP.</td>
<td>125</td>
</tr>
</tbody>
</table>

**TOTAL CARRIED TO 990-EZ PG 1 LINE 13**

**12,301**

---

**STATEMENT #2 - OCCUPANCY, RENT, UTILITIES (990-EZ PG 1 LINE 14)**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>OFFICE LEASE</td>
<td>7,640</td>
</tr>
<tr>
<td>LIGHTS</td>
<td>1,207</td>
</tr>
<tr>
<td>INSURANCE</td>
<td>551</td>
</tr>
</tbody>
</table>

**TOTAL CARRIED TO 990-EZ PG 1 LINE 14**

**9,398**

---

**CLIENT COPY**