PUBLIC DISCLOSURE COPY \*\*

# 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. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury

2023 A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN Check if applicable C Name of organization D Employer identification number Address change THE WILDERNESS LAND TRUST Name change \*\*-\*\*\*2823 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated PO BOX 881 206-397-5240 1,484,109. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 59624 HELENA, MT H(a) Is this a group return Applica-tion pending F Name and address of principal officer: BRAD BORST Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: **X** 501(c)(3) 501(c) ( 527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.WILDERNESSLANDTRUST.ORG H(c) Group exemption number Other Year of formation: 1992 M State of legal domicile: CO **K** Form of organization: X Corporation ☐ Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: WE KEEP THE PROMISE OF Activities & Governance - BY ACQUIRING AND TRANSFERRING PRIVATE LANDS 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 17 3 Number of voting members of the governing body (Part VI, line 1a) 3 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 739,111. 878,511. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 3,612. 160,724. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 116,660. 130,834. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ,012,957. 016,495. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 477,035. 548,544. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 434,658. 892,625. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 911,693. 1,441,169. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 101,264. -424,674. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 9,140,079. 10,538,135 Total assets (Part X, line 16) 5,444,603. 7,267,333 21 Total liabilities (Part X, line 26) 三年 695,476. 270,802 Net assets or fund balances. Subtract line 21 from line 20 ... Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign BRAD BORST, PRESIDENT Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name 12/11/23 DEBBIE OUELLETTE P00174388 Paid DEBBIE OUELLETTE self-employed Firm's EIN \*\*-\*\*\*3198 Firm's name NEWLAND AND COMPANY, PC Preparer Firm's address PO BOX 3006 Use Only Phone no. 406-494-4754 BUTTE, MT 59702-3006

May the IRS discuss this return with the preparer shown above? See instructions

No

X Yes

| Pa | rt III Statement of Program Service Accomplishments  |
|----|--|
|    | Check if Schedule O contains a response or note to any line in this Part III   |
| 1  | Briefly describe the organization's mission:  WE KEEP THE PROMISE OF WILDERNESS - BY ACQUIRING AND TRANSFERRING                              |
|    | PRIVATE LANDS (INHOLDINGS) TO PUBLIC OWNERSHIP THAT COMPLETE   |
|    | DESIGNATED AND PROPOSED WILDERNESS AREAS OR DIRECTLY PROTECT   |
|    | WILDERNESS VALUES.   |
| 2  | Did the organization undertake any significant program services during the year which were not listed on the                                 |
|    | prior Form 990 or 990-EZ?  |
|    | 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 services, as measured by expenses.         |
|    | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
|    | revenue, if any, for each program service reported.  |
| 4a | (Code:) (Expenses \$1, 138, 123. including grants of \$) (Revenue \$   |
|    | ACQUISITION OF PRIVATE LANDS IN DESIGNATED AND POTENTIAL WILDERNESS  |
|    | AREAS FROM WILLING SELLERS, AND THE TRANSFER OF THOSE LANDS TO PUBLIC  |
|    | OWNERSHIP SO THAT ALL GENERATIONS OF AMERICANS WILL ENJOY AN ENDURING  |
|    | SOURCE OF WILDERNESS. DURING THE FISCAL YEAR ENDING JUNE 30, 2023, THE   |
|    | WILDERNESS LAND TRUST ACQUIRED 13 PARCELS IN CALIFORNIA, COLORADO, AND   |
|    | WASHINGTON TOTALING 1,276.9 ACRES, AND TRANSFERRED 16 PARCELS IN   |
|    | CALIFORNIA, OREGON AND WASHINGTON TOTALING 2,259 ACRES. CURRENTLY, THE   |
|    | TRUST HAS 42 ACTIVE PROJECTS IN ARIZONA, ALASKA, CALIFORNIA, COLORADO,   |
|    | IDAHO, NEVADA, NEW MEXICO, OREGON, UTAH AND WASHINGTON STATE TOTALING  |
|    | 7,753.24 ACRES. DURING ITS 31-YEAR HISTORY, THE TRUST HAS PERMANENTLY  |
|    | PROTECTED 55,949 ACRES, ADDED 542 PARCELS TO 115 WILDERNESS AREAS AND  |
|    | HELPED COMPLETE 17 DESIGNATED WILDERNESS AREAS BY REMOVING THE LAST  |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$   |
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|    |  |
| 4c | (Code:) (Expenses \$   |
|    | N/A  |
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| 4d | Other program services (Describe on Schedule O.)   |
|    | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e | Total program service expenses 1,138,123.  |

# Form 990 (2022) THE WILDERNESS LAND TRUST Part IV Checklist of Required Schedules

|     |  |                 | Yes | No               |
|-----|--|-----------------|-----|------------------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |                 |     |                  |
|     | If "Yes," complete Schedule A  | 1_              | Х   |                  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2               | X   |                  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |                 |     |                  |
|     | public office? If "Yes," complete Schedule C, Part I   | 3               |     | X                |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |                 |     |                  |
|     | during the tax year? If "Yes," complete Schedule C, Part II  | 4               | X   |                  |
| 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II   | 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?  |                 |     |                  |
|     | If "Yes," complete Schedule D, Part IV   | 9               |     | X                |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   |                 |     |                  |
|     | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 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.   |                 |     |                  |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |                 |     |                  |
|     | Part VI  | 11a             | Х   |                  |
| b   | 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  | 11b             |     | X                |
| С   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total  |                 |     |                  |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c             |     | X                |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in  |                 |     |                  |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d             | Х   |                  |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e             | 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   | 11f             |     | X                |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |                 |     |                  |
|     | Schedule D, Parts XI and XII   | 12a             | X   |                  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?  |                 |     | l                |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b             |     | X                |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13              |     | X                |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a             |     | X                |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |                 |     |                  |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |                 |     | <sub>V</sub>     |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b             |     | X                |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  |                 |     | <sub>V</sub>     |
| 40  | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15              |     | X                |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   | 4.              |     | v                |
| 17  | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16              |     | X                |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  | 47              |     | x                |
| 12  | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   | 17              |     | <del>  ^</del>   |
| 18  |  | 18              |     | X                |
| 19  | 1c and 8a? If "Yes," complete Schedule G, Part II  | - <del>''</del> |     | <del>  ^</del> ` |
| 13  | ,  | 19              |     | X                |
| 20a | complete Schedule G, Part III  | 20a             |     | X                |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20a<br>20b      |     | <del> </del>     |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |                 |     |                  |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21              |     | Х                |
|     | , the state of the |                 | •   |                  |

Form 990 (2022) THE WILDERNESS LAND TRUST
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  |          | X   |
| 23        | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current |     |          |     |
|           | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete              |     |          |     |
|           | Schedule J  | 23  |          | X   |
| 24a       | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the     |     |          |     |
|           | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete          |     |          |     |
|           | Schedule K. If "No," go to line 25a   | 24a |          | X   |
|           | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                           | 24b |          |     |
| С         | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease        |     |          |     |
|           | any tax-exempt bonds?   | 24c |          |     |
|           | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                     | 24d |          |     |
| 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 |          | X   |
| b         | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |     |          |     |
|           | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete       |     |          | ,,, |
|           | Schedule L, Part I  | 25b |          | X   |
| 26        | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current             |     |          |     |
|           | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                     |     | 37       |     |
|           | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                          | 26  | X        |     |
| 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 |     |          | x   |
|           | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III    | 27  |          |     |
| 28        | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,      |     |          |     |
|           | instructions for applicable filing thresholds, conditions, and exceptions):   |     |          |     |
| а         | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If            | 00- |          | x   |
|           | "Yes," complete Schedule L, Part IV   | 28a |          | X   |
|           | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                             | 28b |          |     |
| C         | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If                    | 28c |          | x   |
| 20        | "Yes," complete Schedule L, Part IV   | 29  |          | X   |
| 29<br>30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 29  |          | 21  |
| 30        |   | 30  |          | x   |
| 31        | contributions? If "Yes," complete Schedule M  | 31  |          | X   |
| 32        | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete            | ٠.  |          |     |
| <b>52</b> | Schedule N, Part II   | 32  |          | x   |
| 33        | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                  |     |          |     |
| 00        | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33  |          | x   |
| 34        | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   |     |          |     |
| ٠.        | Part V, line 1  | 34  |          | x   |
| 35a       | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                     | 35a |          | Х   |
|           | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   |     |          |     |
|           | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                     | 35b |          |     |
| 36        | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  |     |          |     |
|           | 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? If "Yes," complete Schedule R, Part VI                | 37  |          | Х   |
| 38        | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?              |     |          |     |
|           | Note: All Form 990 filers are required to complete Schedule O   | 38  | X        |     |
| Pai       | t 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      | No  |
| 1a        | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  |     |          |     |
| b         | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable   |     |          |     |
| С         | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming          |     |          |     |
|           | (gambling) winnings to prize winners?   | 1c  | X<br>000 |     |

Form 990 (2022) THE WILDERNESS LAND TRUST

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

|  |  |     | Yes | No               |  |  |  |  |  |
|--|--|-----|-----|------------------|--|--|--|--|--|
| 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |     |     |                  |  |  |  |  |  |
|  | filed for the calendar year ending with or within the year covered by this return 2a   |     |     |                  |  |  |  |  |  |
| b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b  | X   |                  |  |  |  |  |  |
| За   | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | За  |     | X                |  |  |  |  |  |
| b  | b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  |     |     |                  |  |  |  |  |  |
| 4a   | a 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)?   | 4a  |     | X                |  |  |  |  |  |
| b  | If "Yes," enter the name of the foreign country  |     |     |                  |  |  |  |  |  |
|  | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |     |                  |  |  |  |  |  |
|  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |     | X                |  |  |  |  |  |
|  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |     | X                |  |  |  |  |  |
|  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c  |     |                  |  |  |  |  |  |
| 6a   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit  |     |     |                  |  |  |  |  |  |
|  | any contributions that were not tax deductible as charitable contributions?  | 6a  |     | X                |  |  |  |  |  |
| b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   |     |     |                  |  |  |  |  |  |
|  | were not tax deductible?   | 6b  |     |                  |  |  |  |  |  |
| 7  | Organizations that may receive deductible contributions under section 170(c).  |     |     | 37               |  |  |  |  |  |
| a  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a  |     | X                |  |  |  |  |  |
|  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  |     |                  |  |  |  |  |  |
| С  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  | _   |     | \ <sub>3,7</sub> |  |  |  |  |  |
|  | to file Form 8282?   | 7c  |     | X                |  |  |  |  |  |
| d  | ,  | _   |     | х                |  |  |  |  |  |
| e  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e  |     | X                |  |  |  |  |  |
| f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f  |     | X                |  |  |  |  |  |
| g  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g  |     | X                |  |  |  |  |  |
| h<br>o                                       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 7h  |     |                  |  |  |  |  |  |
| 8  |  | 8   |     |                  |  |  |  |  |  |
| 9  | sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  | -   |     |                  |  |  |  |  |  |
| а  | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |     |                  |  |  |  |  |  |
|  | b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |     |     |                  |  |  |  |  |  |
| 10   | Section 501(c)(7) organizations. Enter:  | 9b  |     |                  |  |  |  |  |  |
|  | Initiation fees and capital contributions included on Part VIII, line 12   |     |     |                  |  |  |  |  |  |
|  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |     |     |                  |  |  |  |  |  |
| 11   | Section 501(c)(12) organizations. Enter:   |     |     |                  |  |  |  |  |  |
| а  | Gross income from members or shareholders  |     |     |                  |  |  |  |  |  |
|  | Gross income from other sources. (Do not net amounts due or paid to other sources against  |     |     |                  |  |  |  |  |  |
|  | amounts due or received from them.)  |     |     |                  |  |  |  |  |  |
| 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  |     |     |                  |  |  |  |  |  |
| 13   | Section 501(c)(29) qualified nonprofit health insurance issuers.   |     |     |                  |  |  |  |  |  |
| а  | Is the organization licensed to issue qualified health plans in more than one state?   | 13a |     |                  |  |  |  |  |  |
|  | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   |     |     |                  |  |  |  |  |  |
| b  | Enter the amount of reserves the organization is required to maintain by the states in which the   |     |     |                  |  |  |  |  |  |
|  | organization is licensed to issue qualified health plans   |     |     |                  |  |  |  |  |  |
|  | Enter the amount of reserves on hand   |     |     |                  |  |  |  |  |  |
|  | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a |     | X                |  |  |  |  |  |
|  | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | 14b |     |                  |  |  |  |  |  |
| 15   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  | 15  |     | x                |  |  |  |  |  |
| excess parachute payment(s) during the year? |  |     |     |                  |  |  |  |  |  |
| 40   | If "Yes," see the instructions and file Form 4720, Schedule N.   |     |     | v                |  |  |  |  |  |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16  |     | X                |  |  |  |  |  |
| 47   | If "Yes," complete Form 4720, Schedule O.  |     |     |                  |  |  |  |  |  |
| 17   | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities  |     |     |                  |  |  |  |  |  |
|  | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  If "Yes." complete Form 6069.  | 17  |     |                  |  |  |  |  |  |
|  | II TES. COMDICTE FORM 9008.  |     |     |                  |  |  |  |  |  |

Form 990 (2022) THE WILDERNESS LAND TRUST

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to lines 2 through 7b be to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

|     | Check if Schedule O contains a response or note to any line in this Part VI   |         |         | X   |  |  |  |  |  |  |
|-----|---|---------|---------|-----|--|--|--|--|--|--|
| Sec | tion A. Governing Body and Management   |         |         |     |  |  |  |  |  |  |
|     |   |         | Yes     | No  |  |  |  |  |  |  |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year   |         |         |     |  |  |  |  |  |  |
|     | 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.                               |         |         |     |  |  |  |  |  |  |
| b   | Enter the number of voting members included on line 1a, above, who are independent 1b 17  |         |         |     |  |  |  |  |  |  |
| 2   | 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other          |         |         |     |  |  |  |  |  |  |
|     | officer, director, trustee, or key employee?  | 2       |         | X   |  |  |  |  |  |  |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision               |         |         |     |  |  |  |  |  |  |
|     | of officers, directors, trustees, or key employees to a management company or other person?   | 3       |         | X   |  |  |  |  |  |  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4       |         | X   |  |  |  |  |  |  |
| 5   |   |         |         |     |  |  |  |  |  |  |
| 6   |   |         |         |     |  |  |  |  |  |  |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                      |         |         |     |  |  |  |  |  |  |
|     | more members of the governing body?   | 7a      |         | 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?  | 7b      |         | Х   |  |  |  |  |  |  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |         |         |     |  |  |  |  |  |  |
| а   | The governing body?   | 8a      | Х       |     |  |  |  |  |  |  |
| b   | Each committee with authority to act on behalf of the governing body?   | 8b      | Х       |     |  |  |  |  |  |  |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                |         |         |     |  |  |  |  |  |  |
|     | organization's mailing address? If "Yes," provide the names and addresses on Schedule O   | 9       |         | Х   |  |  |  |  |  |  |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                    |         |         |     |  |  |  |  |  |  |
|     |   |         | Yes     | No  |  |  |  |  |  |  |
| 10a | Did the organization have local chapters, branches, or affiliates?  | 10a     |         | Х   |  |  |  |  |  |  |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,          |         |         |     |  |  |  |  |  |  |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?                                     | 10b     |         |     |  |  |  |  |  |  |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | 11a     | Х       |     |  |  |  |  |  |  |
| b   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                       |         |         |     |  |  |  |  |  |  |
| 12a |   |         |         |     |  |  |  |  |  |  |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b     | Х       |     |  |  |  |  |  |  |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                  |         |         |     |  |  |  |  |  |  |
|     | on Schedule O how this was done   | 12c     | Х       |     |  |  |  |  |  |  |
| 13  | Did the organization have a written whistleblower policy?   | 13      | Х       |     |  |  |  |  |  |  |
| 14  | Did the organization have a written document retention and destruction policy?  | 14      | Х       |     |  |  |  |  |  |  |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent                  |         |         |     |  |  |  |  |  |  |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                   |         |         |     |  |  |  |  |  |  |
| а   | The organization's CEO, Executive Director, or top management official  | 15a     | Х       |     |  |  |  |  |  |  |
|     | Other officers or key employees of the organization   | 15b     | Х       |     |  |  |  |  |  |  |
|     | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  |         |         |     |  |  |  |  |  |  |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a               |         |         |     |  |  |  |  |  |  |
|     | taxable entity during the year?   | 16a     |         | 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?  | 16b     |         |     |  |  |  |  |  |  |
| Sec | tion C. Disclosure  |         |         |     |  |  |  |  |  |  |
| 17  | List the states with which a copy of this Form 990 is required to be filed AZ, CA, WA, CO   |         |         |     |  |  |  |  |  |  |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)     | s only) | availal | ole |  |  |  |  |  |  |
|     | for public inspection. Indicate how you made these available. Check all that apply.   |         |         |     |  |  |  |  |  |  |
|     | Own website Another's website X Upon request Other (explain on Schedule O)  |         |         |     |  |  |  |  |  |  |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and     | d finan | cial    |     |  |  |  |  |  |  |
|     | statements available to the public during the tax year.   |         |         |     |  |  |  |  |  |  |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records                      |         |         |     |  |  |  |  |  |  |
|     | BRAD BORST - 207-397-5240   | _       |         |     |  |  |  |  |  |  |
|     | PO BOX 881 HELENA MT 59624  |         |         |     |  |  |  |  |  |  |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

| (A)                                 | (B)                    | liga                           |                       | (C<br>Posi | <b>C)</b>    |                                 | Satt   | (D)                     | (E)                              | (F)                                      |
|-------------------------------------|------------------------|--------------------------------|-----------------------|------------|--------------|---------------------------------|--------|-------------------------|----------------------------------|--|
| Name and title                      | Average<br>hours per   |                                | not c                 | heck r     | more         | than d<br>s both                |        | Reportable compensation | Reportable compensation          | Estimated<br>amount of                   |
|                                     | week                   | offic                          | cer an                | id a di    | recto        | r/trus                          | tee)   | from                    | from related                     | other                                    |
|                                     | (list any<br>hours for | directo                        |                       |            |              | _                               |        | the organization        | organizations<br>(W-2/1099-MISC/ | compensation from the                    |
|                                     | related                | ee or c                        | stee                  |            |              | nsatec                          |        | (W-2/1099-MISC/         | 1099-NEC)                        | organization                             |
|                                     | organizations          | al trust                       | nal tru               |            | loyee        | som pe                          |        | 1099-NEC)               | ·                                | and related                              |
|                                     | below<br>line)         | Individual trustee or director | Institutional trustee | Officer    | Key employee | Highest compensated<br>employee | Former |                         |                                  | organizations                            |
| (1) BRAD BORST                      | 40.00                  |                                |                       |            |              |                                 |        |                         |                                  |  |
| PRESIDENT                           |                        | Х                              |                       | Х          |              |                                 |        | 116,290.                | 0.                               | 11,629.                                  |
| (2) JIM BLOMQUIST                   | 1.00                   |                                |                       |            |              |                                 |        |                         |                                  |  |
| DIRECTOR                            |                        | Х                              |                       |            |              |                                 |        | 0.                      | 0.                               | 0.                                       |
| (3) DANNA HEBERT                    | 1.00                   |                                |                       |            |              |                                 |        |                         | _                                | _  |
| DIRECTOR                            |                        | Х                              |                       |            |              |                                 |        | 0.                      | 0.                               | 0.                                       |
| (4) CRAIG GROVES                    | 1.00                   | l                              |                       |            |              |                                 |        |                         |                                  |  |
| DIRECTOR                            |                        | Х                              |                       |            |              |                                 |        | 0.                      | 0.                               | 0.                                       |
| (5) BILL POPE                       | 1.00                   |                                |                       |            |              |                                 |        |                         |                                  |  |
| DIRECTOR                            |                        | Х                              |                       |            |              |                                 |        | 0.                      | 0.                               | 0.                                       |
| (6) ZACK PORTER                     | 2.00                   |                                |                       |            |              |                                 |        |                         |                                  | •  |
| SECRETARY                           | 2 00                   | Х                              |                       | Х          |              |                                 |        | 0.                      | 0.                               | 0.                                       |
| (7) DENISE SCHLENER                 | 2.00                   | ٠,                             |                       | 3,7        |              |                                 |        |                         | _                                | •  |
| VICE CHAIR                          | 1.00                   | Х                              |                       | Х          |              |                                 |        | 0.                      | 0.                               | 0.                                       |
| (8) TRAVIS BELOTE, PHD DIRECTOR     | 1.00                   | Х                              |                       |            |              |                                 |        | 0.                      | 0.                               | 0.                                       |
| (9) MARK TRAUTWEIN                  | 1.00                   | Λ                              |                       |            |              |                                 |        | 0.                      | 0.                               | · ·                                      |
| DIRECTOR                            | 1.00                   | Х                              |                       |            |              |                                 |        | 0.                      | 0.                               | 0.                                       |
| (10) JACQUELINE VAN DINE            | 1.00                   | Λ                              |                       |            |              |                                 |        | 0.                      | 0.                               | <u></u>                                  |
| DIRECTOR                            | 1.00                   | х                              |                       |            |              |                                 |        | 0.                      | 0.                               | 0.                                       |
| (11) JON MULFORD                    | 1.00                   | 21                             |                       |            |              |                                 |        | 0.                      | •                                | <u>.                                </u> |
| DIRECTOR- EMERITUS                  |                        | Х                              |                       |            |              |                                 |        | 0.                      | 0.                               | 0.                                       |
| (12) SARAH CHASE SHAW               | 2.00                   |                                |                       |            |              |                                 |        |                         | •                                |  |
| CHAIR                               |                        | Х                              |                       | х          |              |                                 |        | 0.                      | 0.                               | 0.                                       |
| (13) KAREN FISHER                   | 2.00                   |                                |                       |            |              |                                 |        | -                       | -                                |  |
| TREASURER                           |                        | Х                              |                       | х          |              |                                 |        | 0.                      | 0.                               | 0.                                       |
| (14) ANDY WIESSNER                  | 1.00                   |                                |                       |            |              |                                 |        |                         |                                  |  |
| DIRECTOR                            |                        | Х                              |                       |            |              |                                 |        | 0.                      | 0.                               | 0.                                       |
| (15) JOAQUIN MURRIETA-SALDIVAR, PHD | 1.00                   |                                |                       |            |              |                                 |        |                         |                                  |  |
| DIRECTOR                            |                        | Х                              |                       |            |              |                                 |        | 0.                      | 0.                               | 0.                                       |
| (16) CONNIE MYERS                   | 1.00                   |                                |                       |            |              |                                 |        |                         |                                  |  |
| DIRECTOR                            |                        | Х                              |                       |            |              |                                 |        | 0.                      | 0.                               | 0.                                       |
| (17) DOUG SCOTT                     | 1.00                   |                                |                       |            |              |                                 |        |                         |                                  |  |
| DIRECTOR                            |                        | Х                              |                       |            |              |                                 |        | 0.                      | 0.                               | 0.                                       |

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| Part VII   Section A. Officers, Directors, True  | stees, Key Em  | oloy                 | ees,                       | and            | l Hi           | ghes   | st C | compensated Employee  | s (continued)  |                      |                  |  |                              |
|--|--|----------------------|----------------------------|----------------|----------------|--------|------|---|--|----------------------|------------------|--|------------------------------|
| <b>(A)</b><br>Name and title   | (B) Average hours per week (list any hours for related organizations below line) | tee or director go o | not c<br>, unles<br>cer ar | Posi<br>heck r | more<br>rson i | than   | tee) | (D)  Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensatio from related organization (W-2/1099-MIS 1099-NEC) | on<br>d<br>is<br>SC/ | com<br>fr<br>org | (F) stimate mount of other apensa from the ganizati d relate anization | of<br>tion<br>e<br>ion<br>ed |
| (18) TORREY UDALL<br>DIRECTOR  | 1.00   | X                    | _                          | 0              | <u>×</u>       | 1 0    |      | 0.  |  | 0.                   |                  |  | 0.                           |
|  |  |                      |                            |                |                |        |      |   |  |                      |                  |  |                              |
|  |  |                      |                            |                |                |        |      |   |  |                      |                  |  |                              |
|  |  |                      |                            |                |                |        |      |   |  |                      |                  |  |                              |
|  |  |                      |                            |                |                |        |      |   |  |                      |                  |  |                              |
| -  |  |                      |                            |                |                |        |      |   |  |                      |                  |  |                              |
|  |  |                      |                            |                |                |        |      |   |  |                      |                  |  |                              |
|  |  |                      |                            |                |                |        |      |   |  |                      |                  |  |                              |
|  |  |                      |                            |                |                |        |      |   |  |                      |                  |  |                              |
| 1b Subtotal  |  |                      |                            |                |                |        |      | 116,290.  |  | 0.                   | 1                | 1,62   | 29.                          |
| c Total from continuation sheets to Part V<br>d Total (add lines 1b and 1c)                  | II, Section A  |                      |                            |                |                |        |      | 0.<br>116,290.  |  | 0.                   | 0.               |  |                              |
| 2 Total number of individuals (including but   |  |                      |                            |                |                |        |      | · · · · · · · · · · · · · · · · · · ·                                       | 000 of reportable  |                      |                  |  | 1                            |
| compensation from the organization   |  |                      |                            |                |                |        |      |   |  |                      |                  | Yes  | No                           |
| 3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for    |  |                      |                            |                |                |        |      | ghest compensated emp   |  |                      | 3                |  | Х                            |
| 4 For any individual listed on line 1a, is the s and related organizations greater than \$15 |  |                      |                            |                |                |        |      |   |  |                      | 4                |  | X                            |
| 5 Did any person listed on line 1a receive or  | accrue comper  | ısati                | on fr                      | om a           | any            | unre   | elat | ed organization or individ  | dual for services  |                      |                  |  | Х                            |
| rendered to the organization? If "Yes," con<br>Section B. Independent Contractors            | nplete Schedul   | e J f                | or st                      | ıch r          | oers           | on     |      |   |  |                      | 5                |  |                              |
| 1 Complete this table for your five highest co<br>the organization. Report compensation for  |  |                      |                            |                |                |        |      |   |  | oensat               | tion fro         | om   |                              |
| (A) Name and business  |  |                      | ONE                        |                |                |        |      | (B) Description of s  |  | C                    | (C<br>Compe      | C)<br>nsatior  | n                            |
|  |  |                      |                            |                |                |        |      |   |  |                      |                  |  |                              |
|  |  |                      |                            |                |                |        |      |   |  |                      |                  |  |                              |
|  |  |                      |                            |                |                |        |      |   |  |                      |                  |  |                              |
|  |  |                      |                            |                |                |        |      |   |  |                      |                  |  |                              |
|  |  |                      |                            |                |                |        |      |   |  |                      |                  |  |                              |
| 2 Total number of independent contractors (<br>\$100,000 of compensation from the organ      |  | ot lir               | nited                      | d to t         |                | se lis | ted  | above) who received me  | ore than   |                      |                  |  |                              |

|  |    |          | Check if Schedule O contains a re           | sponse (    | or note to any lin | e in this Part VIII |                                    |                  |                                 |
|--|----|----------|---|-------------|--------------------|---------------------|------------------------------------|------------------|---------------------------------|
|  |    |          |   | •           | •                  | (A)                 | (B)                                | (C)              | (D)                             |
|  |    |          |   |             |                    | Total revenue       | Related or exempt function revenue | Unrelated        | Revenue excluded from tax under |
|  |    |          |   |             |                    |                     | Tunction revenue                   | business revenue | sections 512 - 514              |
| ΩS   | 1  | <u>а</u> | Federated campaigns 1                       | а           |                    |                     |                                    |                  |                                 |
| ant  | •  |          | _   | b           |                    |                     |                                    |                  |                                 |
| 2 5  |    |          |   | c           |                    |                     |                                    |                  |                                 |
| fts,   |    |          |   | d           |                    |                     |                                    |                  |                                 |
| ig ic  |    |          |   |             | 288,887.           |                     |                                    |                  |                                 |
| Sin  |    |          | All other contributions, gifts, grants, and |             | 200,007.           |                     |                                    |                  |                                 |
| uti<br>je  |    | f        |   | f           | 450,224.           |                     |                                    |                  |                                 |
| Contributions, Gifts, Grants and Other Similar Amounts |    | ~        |   | g \$        | 6,163.             |                     |                                    |                  |                                 |
| ou.  |    | -        |   | <b>9</b>  Φ | 0,103.             | 739,111.            |                                    |                  |                                 |
| O a  |    | 11       | Total. Add lines 1a-1f                      |             | Business Code      | 733,1110            |                                    |                  |                                 |
|  | _  | _        |   |             | Busiliess Code     |                     |                                    |                  |                                 |
| ice  | 2  | a        |   |             |                    |                     |                                    |                  |                                 |
| er<br>ue   |    | b        |   |             |                    |                     |                                    |                  |                                 |
| n S  |    | С        |   |             |                    |                     |                                    |                  |                                 |
| gra<br>Re  |    | d        |   |             |                    |                     |                                    |                  |                                 |
| Program Service<br>Revenue                             |    | e        |   |             |                    |                     |                                    |                  |                                 |
| ъ  |    |          | All other program service revenue           |             |                    |                     |                                    |                  |                                 |
|  | _  |          | Total. Add lines 2a-2f                      |             |                    |                     |                                    |                  |                                 |
|  | 3  |          | Investment income (including dividend       |             |                    | 20 060              |                                    |                  | 20 060                          |
|  | _  |          |   |             |                    | 39,969.             |                                    |                  | 39,969.                         |
|  | 4  |          | Income from investment of tax-exempt        | -           |                    |                     |                                    |                  |                                 |
|  | 5  |          | Royalties                                   | Real        |                    |                     |                                    |                  |                                 |
|  | _  |          |   |             | (ii) Personal      |                     |                                    |                  |                                 |
|  | 6  |          |   | 860.        |                    |                     |                                    |                  |                                 |
|  |    |          | Less: rental expenses 6b                    | 0.          |                    |                     |                                    |                  |                                 |
|  |    |          | ` ' —                                       | 860.        |                    | F0 0C0              | F0 0C0                             |                  |                                 |
|  |    |          | Net rental income or (loss)                 |             | (*) OH             | 58,860.             | 58,860.                            |                  |                                 |
|  | 7  | а        | Circle annount nom caree or                 | urities     | (ii) Other         |                     |                                    |                  |                                 |
|  |    |          | assets other than inventory 7a              |             | 588,369.           |                     |                                    |                  |                                 |
| -  |    | b        | Less: cost or other basis                   |             | 467 614            |                     |                                    |                  |                                 |
| her Revenue  |    |          | and sales expenses                          |             | 467,614.           |                     |                                    |                  |                                 |
| )Ve  |    |          | Gain or (loss)                              |             | 120,755.           | 100 755             | 100 755                            |                  |                                 |
| æ  |    |          | Net gain or (loss)                          |             | <br>T              | 120,755.            | 120,755.                           |                  |                                 |
| the  | 8  | а        | Gross income from fundraising events (not   |             |                    |                     |                                    |                  |                                 |
| ō  |    |          | including \$ c                              |             |                    |                     |                                    |                  |                                 |
|  |    |          | contributions reported on line 1c). See     |             |                    |                     |                                    |                  |                                 |
|  |    |          | Part IV, line 18                            |             |                    |                     |                                    |                  |                                 |
|  |    |          | Less: direct expenses                       |             |                    |                     |                                    |                  |                                 |
|  | _  |          | Net income or (loss) from fundraising e     |             | <br>I              |                     |                                    |                  |                                 |
|  | 9  | а        | Gross income from gaming activities.        |             |                    |                     |                                    |                  |                                 |
|  |    |          | Part IV, line 19                            |             |                    |                     |                                    |                  |                                 |
|  |    |          | Less: direct expenses                       |             |                    |                     |                                    |                  |                                 |
|  |    |          | Net income or (loss) from gaming activ      | rities      |                    |                     |                                    |                  |                                 |
|  | 10 | а        | Gross sales of inventory, less returns      |             |                    |                     |                                    |                  |                                 |
|  |    |          | and allowances                              |             |                    |                     |                                    |                  |                                 |
|  |    |          | Less: cost of goods sold                    |             |                    |                     |                                    |                  |                                 |
|  |    | С        | Net income or (loss) from sales of inver    | ntory       | Burda C :          |                     |                                    |                  |                                 |
| SI   |    |          | EVDENCE DETADUDCES                          | ATTT C      | Business Code      | E7 000              | E7 000                             |                  |                                 |
| eor<br>Ie  | 11 |          | EXPENSE REIMBURSEME                         | N.T.P       | 531390             | 57,800.             | 57,800.                            |                  |                                 |
| lan<br>en  |    | b        |   |             |                    |                     |                                    |                  |                                 |
| Miscellaneous<br>Revenue                               |    | С        |   |             |                    |                     |                                    |                  |                                 |
| Σ  |    |          | All other revenue                           |             |                    | E7 000              |                                    |                  |                                 |
|  |    |          | Total. Add lines 11a-11d                    |             |                    | 57,800.             | 227 415                            |                  | 30 000                          |
|  | 12 |          | Total revenue. See instructions             |             |                    | 1,016,495.          | 237,415.                           | 0.               | 39,969.                         |

### Part IX | Statement of Functional Expenses

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

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

| 00011  | Oharakii Oalaakkia Oaraatii aaraasaa   |                             | -               | •                | X                      |
|--------|--|-----------------------------|-----------------|------------------|------------------------|
|        | Check if Schedule O contains a respons   | se or note to any line in t | (B)             | (C)              | (D)                    |
|        | not include amounts reported on lines 6b,  | Total expenses              | Program service | Management and   | Fundráising            |
| /b,    | 8b, 9b, and 10b of Part VIII.  |                             | expenses        | general expenses | expenses               |
| 1      | Grants and other assistance to domestic organizations  |                             |                 |                  |                        |
|        | and domestic governments. See Part IV, line 21   |                             |                 |                  |                        |
| 2      | Grants and other assistance to domestic  |                             |                 |                  |                        |
|        | individuals. See Part IV, line 22  |                             |                 |                  |                        |
| 3      | Grants and other assistance to foreign   |                             |                 |                  |                        |
|        | organizations, foreign governments, and foreign  |                             |                 |                  |                        |
|        | individuals. See Part IV, lines 15 and 16  |                             |                 |                  |                        |
| 4      | Benefits paid to or for members  |                             |                 |                  |                        |
| 5      | Compensation of current officers, directors,   |                             |                 |                  |                        |
| 3      |  |                             |                 |                  |                        |
| _      | trustees, and key employees  |                             |                 |                  |                        |
| 6      | Compensation not included above to disqualified  |                             |                 |                  |                        |
|        | persons (as defined under section 4958(f)(1)) and  |                             |                 |                  |                        |
|        | persons described in section 4958(c)(3)(B)   |                             |                 |                  |                        |
| 7      | Other salaries and wages   | 435,017.                    | 321,913.        | 30,451.          | 82,653.                |
| 8      | Pension plan accruals and contributions (include   |                             |                 |                  |                        |
|        | section 401(k) and 403(b) employer contributions)  | 43,022.                     | 31,836.         | 3,012.           | 8,174.                 |
| 9      | Other employee benefits  | 33,900.                     | 25,086.         | 2,373.           | 8,174.                 |
| 10     | Payroll taxes  | 36,605.                     | 27,088.         | 2,562.           | 6,955.                 |
| 11     | Fees for services (nonemployees):  | ,                           | ,               |                  | •                      |
|        | Management   |                             |                 |                  |                        |
|        |  |                             |                 |                  |                        |
|        | Legal  | 59,202.                     |                 | 59,202.          |                        |
|        | Accounting   | 33,202.                     |                 | 33,202•          |                        |
|        | Lobbying   |                             |                 |                  |                        |
|        | Professional fundraising services. See Part IV, line 17  |                             |                 |                  |                        |
| f      | Investment management fees   |                             |                 |                  |                        |
| g      | Other. (If line 11g amount exceeds 10% of line 25,   | 244 425                     |                 | 0.400            |                        |
|        | column (A), amount, list line 11g expenses on Sch O.)  | 211,125.                    | 202,005.        | 9,120.           |                        |
| 12     | Advertising and promotion  | 26,455.                     |                 | 5,291.           | 21,164.                |
| 13     | Office expenses  | 7,321.                      | 5,418.          | 512.             | 1,391.                 |
| 14     | Information technology   | 979.                        | 724.            | 69.              | 186.                   |
| 15     | Royalties  |                             |                 |                  |                        |
| 16     | Occupancy  | 11,377.                     | 8,419.          | 796.             | 2,162.                 |
| 17     | Travel   | 96,648.                     | 71,520.         | 6,765.           | 18,363.                |
| 18     | Payments of travel or entertainment expenses   | ,                           | ,               | ,                | ,                      |
| .0     | for any federal, state, or local public officials  |                             |                 |                  |                        |
| 19     | Conferences, conventions, and meetings   | 28,781.                     | 21,298.         | 2,015.           | 5,468.                 |
|        |  | 17,820.                     | 17,820.         | 2,010            | J, 100 •               |
| 20     |  | 11,020•                     | 11,020•         |                  |                        |
| 21     | Payments to affiliates   |                             |                 |                  |                        |
| 22     | Depreciation, depletion, and amortization  | 7,875.                      | 5,828.          | 551.             | 1,496.                 |
| 23     | Insurance  | 1,013.                      | 3,040.          | 221.             | 1,490.                 |
| 24     | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If |                             |                 |                  |                        |
|        | line 24e amount exceeds 10% of line 25, column (A),  |                             |                 |                  |                        |
|        | amount, list line 24e expenses on Schedule 0.)   | 055 000                     | 055 000         |                  |                        |
| а      | LOSS ON DISPOSITION OF   | 255,009.                    | 255,009.        |                  |                        |
| b      | APPRAISALS AND SURVEYS   | 100,591.                    | 100,591.        |                  |                        |
| С      | DONOR DATABASE   | 19,810.                     |                 |                  | 19,810.                |
| d      | OTHER TRANSACTION SUPPO  | 15,613.                     | 15,613.         |                  |                        |
| е      | All other expenses   | 34,019.                     | 27,955.         | 1,283.           | 4,781.                 |
| 25     | Total functional expenses. Add lines 1 through 24e   | 1,441,169.                  | 1,138,123.      | 124,002.         | 179,044.               |
| 26     | Joint costs. Complete this line only if the organization   | -                           | -               |                  | -                      |
|        | reported in column (B) joint costs from a combined   |                             |                 |                  |                        |
|        | educational campaign and fundraising solicitation.   |                             |                 |                  |                        |
|        | Check here X if following SOP 98-2 (ASC 958-720)   |                             |                 |                  |                        |
| 222011 | ) 12-13-22   |                             | I               | <u> </u>         | Form <b>990</b> (2022) |
|        |  |                             |                 |                  |                        |

Form 990 (2022)

Part X | Balance Sheet

| Pai                         | rt X | Balance Sheet  |          |                                       |                                 |            |                           |
|-----------------------------|------|--|----------|---------------------------------------|---------------------------------|------------|---------------------------|
|                             |      | Check if Schedule O contains a response or no  | te to an | y line in this Part X                 |                                 |            |                           |
|                             |      |  |          |                                       | <b>(A)</b><br>Beginning of year |            | <b>(B)</b><br>End of year |
|                             | 1    | Cash - non-interest-bearing  |          |                                       | 326,719.                        | 1          | 73,402.                   |
|                             | 2    | Savings and temporary cash investments   |          |                                       | 1,707,920.                      | 2          | 2,002,295.                |
|                             | 3    | Pledges and grants receivable, net   |          | 3                                     |                                 |            |                           |
|                             | 4    | Accounts receivable, net   |          | 20,500.                               | 4                               | 17,500.    |                           |
|                             | 5    | Loans and other receivables from any current of  |          |                                       |                                 |            |                           |
|                             |      | trustee, key employee, creator or founder, subs  |          |                                       |                                 |            |                           |
|                             |      | controlled entity or family member of any of the   |          |                                       |                                 | 5          |                           |
|                             | 6    | Loans and other receivables from other disqual   |          |                                       |                                 |            |                           |
|                             |      | under section 4958(f)(1)), and persons describe  |          |                                       |                                 | 6          |                           |
| Ø                           | 7    | Notes and loans receivable, net  |          |                                       |                                 | 7          |                           |
| Assets                      | 8    | Inventories for sale or use  |          |                                       |                                 | 8          |                           |
| As                          | 9    | B  |          |                                       | 9,510.                          | 9          | 9,972.                    |
|                             | 10a  | Land, buildings, and equipment: cost or other  |          |                                       |                                 |            |                           |
|                             |      | basis. Complete Part VI of Schedule D  | 10a      | 10,990.                               |                                 |            |                           |
|                             | b    | Less: accumulated depreciation   | 0.       | 10c                                   | 0.                              |            |                           |
|                             | 11   | Investments - publicly traded securities   |          | 11                                    |                                 |            |                           |
|                             | 12   | Investments - other securities. See Part IV, line  |          | 12                                    |                                 |            |                           |
|                             | 13   | Investments - program-related. See Part IV, line   |          | 13                                    |                                 |            |                           |
|                             | 14   | Intangible assets  |          |                                       | 14                              |            |                           |
|                             | 15   | Other assets. See Part IV, line 11   |          | 7,075,430.                            | 15                              | 8,434,966. |                           |
|                             | 16   | Total assets. Add lines 1 through 15 (must equ   |          |                                       | 9,140,079.                      | 16         | 10,538,135.               |
|                             | 17   | Accounts payable and accrued expenses  |          |                                       | 31,914.                         | 17         | 24,644.                   |
|                             | 18   | Grants payable   |          | 18                                    |                                 |            |                           |
|                             | 19   | Deferred revenue   |          |                                       | 19                              |            |                           |
|                             | 20   | Tax-exempt bond liabilities  |          |                                       |                                 | 20         |                           |
|                             | 21   | Escrow or custodial account liability. Complete  |          |                                       |                                 | 21         |                           |
| es                          | 22   | Loans and other payables to any current or form  |          |                                       |                                 |            |                           |
| Liabilities                 |      | trustee, key employee, creator or founder, subs  |          |                                       | 10 000                          |            | 10 000                    |
| <u>ia</u> ;                 |      | controlled entity or family member of any of the   | -        |                                       | 10,000.                         | 22         | 10,000.                   |
| _                           | 23   | Secured mortgages and notes payable to unrel   |          | · · · · · · · · · · · · · · · · · · · | 1,050,000.                      | 23         | 3,720,000.                |
|                             | 24   | Unsecured notes and loans payable to unrelate  |          |                                       |                                 | 24         |                           |
|                             | 25   | Other liabilities (including federal income tax, parties, and other liabilities not included on line | -        |                                       |                                 |            |                           |
|                             |      |  | •        | ·                                     | 3,552,689.                      | OE.        | 3,512,689.                |
|                             | 26   | of Schedule D  Total liabilities. Add lines 17 through 25  |          | ·····                                 | 5,444,603.                      | 25<br>26   | 7,267,333.                |
|                             | 20   | Organizations that follow FASB ASC 958, che  | ock hor  | e X                                   | 3,111,003.                      | 20         | 7,207,333.                |
| Se                          |      | and complete lines 27, 28, 32, and 33.   | CCK HCI  |                                       |                                 |            |                           |
| ğ                           | 27   |  |          |                                       | 996,381.                        | 27         | 780.412.                  |
| 3ale                        | 28   |  |          |                                       | 2,699,095.                      | 28         | 780,412.<br>2,490,390.    |
| Ē                           |      | Organizations that do not follow FASB ASC 9  |          |                                       |                                 |            |                           |
| Ē                           |      | and complete lines 29 through 33.  | ,        |                                       |                                 |            |                           |
| ō                           | 29   | Capital stock or trust principal, or current funds   | 3        |                                       |                                 | 29         |                           |
| ets                         | 30   | Paid-in or capital surplus, or land, building, or e  |          |                                       |                                 | 30         |                           |
| Ass                         | 31   | Retained earnings, endowment, accumulated in   |          |                                       |                                 | 31         |                           |
| Net Assets or Fund Balances | 32   |  |          |                                       | 3,695,476.                      | 32         | 3,270,802.                |
|                             | 33   |  |          |                                       | 9,140,079.                      | 33         | 10,538,135.               |
|                             |      |  |          |                                       |                                 |            | 200                       |

| Pa | 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        |         | 16,4<br>41,1 |              |  |  |  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   |          |         |              |              |  |  |  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3        |         |              | 574.<br>176. |  |  |  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                            |          |         |              |              |  |  |  |
| 5  | Net unrealized gains (losses) on investments   | 5        |         |              |              |  |  |  |
| 6  | Donated services and use of facilities   | 6        |         |              |              |  |  |  |
| 7  | Investment expenses  | 7        |         |              |              |  |  |  |
| 8  | Prior period adjustments   | 8        |         |              |              |  |  |  |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9        |         |              | 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       | 3,2     | 70,8         | 302.         |  |  |  |
| Pa | rt XII Financial Statements and Reporting  |          |         |              |              |  |  |  |
|    | Check if Schedule O contains a response or note to any line in this Part XII   |          |         |              | X            |  |  |  |
|    |  |          |         | 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 on Schedule O.    |          |         |              |              |  |  |  |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                      |          | 2       | a            | <u> </u>     |  |  |  |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed      | on a     |         |              |              |  |  |  |
|    | separate basis, consolidated basis, or both:   |          |         |              |              |  |  |  |
|    | Separate basis Consolidated basis Both consolidated and separate basis   |          |         |              |              |  |  |  |
| b  | Were the organization's financial statements audited by an independent accountant?                                   |          | 2       | X            |              |  |  |  |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate     | basis,   |         |              |              |  |  |  |
|    | consolidated basis, or both:   |          |         |              |              |  |  |  |
|    | X Separate basis Consolidated basis Both consolidated and separate basis   |          |         |              |              |  |  |  |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the   | audit,   |         |              |              |  |  |  |
|    | review, or compilation of its financial statements and selection of an independent accountant?                       |          | 2       | c X          |              |  |  |  |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on Sche   | edule O. |         |              |              |  |  |  |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the      |          |         |              |              |  |  |  |
|    | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  |          | 3       | а            | X            |  |  |  |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require |          |         |              |              |  |  |  |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                             |          |         |              |              |  |  |  |
|    |  |          | Fo      | m <b>990</b> | (2022)       |  |  |  |

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE WILDERNESS LAND TRUST

**Employer identification number** 

\*\*-\*\*\*2823 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

| Sec   | tion A. Public Support   |                     |                 |                    |                        |                                     |           |
|-------|--|---------------------|-----------------|--------------------|------------------------|-------------------------------------|-----------|
| Cale  | ndar year (or fiscal year beginning in)  | (a) 2018            | <b>(b)</b> 2019 | (c) 2020           | (d) 2021               | (e) 2022                            | (f) Total |
| 1     | Gifts, grants, contributions, and  |                     |                 |                    |                        |                                     |           |
|       | membership fees received. (Do not  |                     |                 |                    |                        |                                     |           |
|       | include any "unusual grants.")   |                     |                 |                    |                        |                                     |           |
| 2     | Tax revenues levied for the organ-   |                     |                 |                    |                        |                                     |           |
|       | ization's benefit and either paid to   |                     |                 |                    |                        |                                     |           |
|       | or expended on its behalf  |                     |                 |                    |                        |                                     |           |
| 3     | The value of services or facilities  |                     |                 |                    |                        |                                     |           |
| Ü     | furnished by a governmental unit to  |                     |                 |                    |                        |                                     |           |
|       | the organization without charge  |                     |                 |                    |                        |                                     |           |
| 1     | <b>T</b> . I A . I   |                     |                 |                    |                        |                                     |           |
|       | The portion of total contributions   |                     |                 |                    |                        |                                     |           |
| J     | 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,   |                     |                 |                    |                        |                                     |           |
|       | . (5)  |                     |                 |                    |                        |                                     |           |
| 6     |  |                     |                 |                    |                        |                                     |           |
| _     | Public support. Subtract line 5 from line 4.   |                     |                 |                    |                        |                                     |           |
|       |  | (a) 2018            | (h) 2010        | (a) 2020           | (d) 2021               | (=) 2022                            | (f) Total |
|       | ndar year (or fiscal year beginning in) Amounts from line 4  | (a) 2016            | <b>(b)</b> 2019 | (c) 2020           | (u) 2021               | (e) 2022                            | (I) IOIAI |
|       | Gross income from interest.  |                     |                 |                    |                        |                                     |           |
| 0     | ,  |                     |                 |                    |                        |                                     |           |
|       | dividends, payments received on  |                     |                 |                    |                        |                                     |           |
|       | securities loans, rents, royalties,  |                     |                 |                    |                        |                                     |           |
| _     | and income from similar sources  |                     |                 |                    |                        |                                     |           |
| 9     | Net income from unrelated business   |                     |                 |                    |                        |                                     |           |
|       | activities, whether or not the   |                     |                 |                    |                        |                                     |           |
|       | business is regularly carried on   |                     |                 |                    |                        |                                     |           |
| 10    | Other income. Do not include gain  |                     |                 |                    |                        |                                     |           |
|       | or loss from the sale of capital   |                     |                 |                    |                        |                                     |           |
|       | assets (Explain in Part VI.)   |                     |                 |                    |                        |                                     |           |
|       | <b>Total support.</b> Add lines 7 through 10   |                     |                 |                    |                        |                                     |           |
|       | Gross receipts from related activities,  |                     |                 |                    |                        | 12                                  |           |
| 13    | First 5 years. If the Form 990 is for th   | · ·                 |                 | · ·                | •                      |                                     |           |
| 900   | organization, check this box and stoperion C. Computation of Publi   |                     |                 |                    |                        |                                     |           |
|       |  |                     |                 | actions (f)        |                        | 14                                  | 0/        |
|       | Public support percentage for 2022 (I  | , ,,,               | •               | ***                |                        | 14                                  | <u>%</u>  |
|       | Public support percentage from 2021 33 1/3% support test - 2022. If the content is the content in the content is the content in the content is the content in the content i |                     |                 |                    |                        | 15                                  | <u>%</u>  |
| 10a   | stop here. The organization qualifies  |                     |                 |                    |                        |                                     |           |
| h     | 33 1/3% support test - 2021. If the o  |                     | •               |                    |                        | or more, check thi                  |           |
| b     | and <b>stop here.</b> The organization qual  |                     |                 |                    |                        |                                     |           |
| 170   | 10% -facts-and-circumstances test  |                     |                 |                    |                        |                                     |           |
| ı ı a | and if the organization meets the fact   | -                   |                 |                    |                        |                                     |           |
|       | meets the facts-and-circumstances te   |                     | •               | •                  | •                      | · ·                                 |           |
| h     | 10% -facts-and-circumstances test  | _                   | •               | *                  | -                      | <br>17a_and line 15 is <sup>-</sup> |           |
| Ŋ     | more, and if the organization meets the  | -                   |                 |                    |                        |                                     | 10/0 01   |
|       | organization meets the facts-and-circu   |                     |                 |                    | -                      |                                     |           |
| 12    | <b>Private foundation.</b> If the organization   |                     |                 |                    | • • •                  |                                     |           |
| .0    | i i i ate i oundation. Il the organizatio  | TI GIG HOL GIRCON A |                 | a, ۱۰۰۰, ۱۱۵, ۱۱۱۸ | o, or look triis bux a | 114 300 111311111011101115          | <u>,</u>  |

#### 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.)

| Se   | ction A. Public Support  | elow, please comp     | iete Part II.)       |                       |                    |                            |               |
|------|--|-----------------------|----------------------|-----------------------|--------------------|----------------------------|---------------|
|      | ndar year (or fiscal year beginning in)  | (a) 2018              | <b>(b)</b> 2019      | (c) 2020              | (d) 2021           | (e) 2022                   | (f) Total     |
|      | Gifts, grants, contributions, and  |                       | , ,                  | . ,                   | . ,                | ,                          |               |
|      | membership fees received. (Do not  |                       |                      |                       |                    |                            |               |
|      | include any "unusual grants.")   | 789,824.              | 954,508.             | 903,535.              | 878,511.           | 739,111.                   | 4265489.      |
| 2    | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                       |                      |                       |                    |                            |               |
| 3    | Gross receipts from activities that are not an unrelated trade or business under section 513   |                       |                      |                       |                    |                            |               |
| 4    | Tax revenues levied for the organization's benefit and either paid to  |                       |                      |                       |                    |                            |               |
| _    | or expended on its behalf  |                       |                      |                       |                    |                            |               |
| 5    | The value of services or facilities furnished by a governmental unit to the organization without charge  |                       |                      |                       |                    |                            |               |
| 6    | Total. Add lines 1 through 5   | 789,824.              | 954,508.             | 903,535.              | 878,511.           | 739,111.                   | 4265489.      |
| 78   | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                       |                      |                       |                    |                            | 0.            |
| k    | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                       |                      |                       |                    |                            | 0.            |
| (    | Add lines 7a and 7b  |                       |                      |                       |                    |                            | 0.            |
| 8    | Public support. (Subtract line 7c from line 6.)  |                       |                      |                       |                    |                            | 4265489.      |
| Se   | ction B. Total Support   |                       |                      |                       |                    |                            |               |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2018              | <b>(b)</b> 2019      | (c) 2020              | (d) 2021           | (e) 2022                   | (f) Total     |
|      | Amounts from line 6  | 789,824.              | 954,508.             | 903,535.              | 878,511.           | 739,111.                   | 4265489.      |
| 10a  | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   | 24,987.               | 18,516.              | 321.                  | 645.               | 39,968.                    | 84,437.       |
| k    | Unrelated business taxable income  |                       |                      |                       | 0 2 0 1            |                            |               |
|      | (less section 511 taxes) from businesses acquired after June 30, 1975  |                       |                      |                       |                    |                            |               |
| (    | Add lines 10a and 10b  | 24,987.               | 18,516.              | 321.                  | 645.               | 39,968.                    | 84,437.       |
|      | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  |                       |                      |                       |                    |                            |               |
| 12   | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                       |                      |                       |                    |                            |               |
| 13   | Total support. (Add lines 9, 10c, 11, and 12.)   | 814,811.              | 973,024.             | 903,856.              | 879,156.           | 779,079.                   | 4349926.      |
| 14   | First 5 years. If the Form 990 is for the  | ne organization's fir | st, second, third, f | ourth, or fifth tax y | ear as a section 5 | 01(c)(3) organizatio       | on,           |
| _    | check this box and stop here   |                       |                      |                       |                    |                            | <u></u>       |
|      | ction C. Computation of Publi  |                       |                      |                       |                    | г                          | 00.06         |
| 15   | Public support percentage for 2022 (I  |                       | •                    | olumn (f))            |                    | 15                         | 98.06 %       |
| 16   | Public support percentage from 2021  |                       |                      |                       |                    | 16                         | <u>%</u>      |
|      | ction D. Computation of Inves  |                       |                      | 10 1 (0)              |                    |                            | 1.94 %        |
|      | Investment income percentage for 20  |                       |                      |                       |                    | 17                         |               |
|      | Investment income percentage from 2 a 33 1/3% support tests - 2022. If the   |                       |                      | on line 14 and line   |                    | 18  <br>3 1/3% and line 17 | %<br>7 is not |
| 136  | more than 33 1/3%, check this box ar   |                       |                      |                       |                    |                            | X             |
| k    | 33 1/3% support tests - 2021. If the   | =                     | -                    | •                     |                    |                            |               |
|      | line 18 is not more than 33 1/3%, che  |                       |                      |                       |                    |                            |               |
| 20   | Private foundation. If the organization  | n did not check a     | oox on line 14, 19a  | a, or 19b, check th   | is box and see ins | tructions                  |               |

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

|     | Yes | No |
|-----|-----|----|
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| 1   |     |    |
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| 10b |     |    |

|     |           | 10111 030) 2022 1111 11222111120 21110 1   |            | • 1 | age <b>o</b> |
|-----|-----------|--|------------|-----|--------------|
| Par | t IV      | Supporting Organizations (continued)   |            |     |              |
|     |           |  |            | Yes | No           |
| 11  | Has the   | e organization accepted a gift or contribution from any of the following persons?  |            |     |              |
| а   | A perso   | on who directly or indirectly controls, either alone or together with persons described on lines 11b and   |            |     |              |
|     | 11c be    | low, the governing body of a supported organization?   | 11a        |     |              |
|     |           | y member of a person described on line 11a above?  | 11b        |     |              |
| С   |           | controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide   |            |     |              |
| 800 | detail ii | ղ Part VI.<br>. Type I Supporting Organizations  | 11c        |     |              |
| Sec | LIOII D   | . Type i Supporting Organizations  |            |     | T            |
|     |           |  |            | Yes | No           |
| 1   |           | e governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,  |            |     |              |
|     |           | ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)   |            |     |              |
|     | effectiv  | vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported  |            |     |              |
|     |           | zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the   | _          |     |              |
| •   |           | rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 1          |     |              |
| 2   |           | e organization operate for the benefit of any supported organization other than the supported  |            |     |              |
|     |           | zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in   |            |     |              |
|     |           | how providing such benefit carried out the purposes of the supported organization(s) that operated,  | 2          |     |              |
| Sec | supervi   | ised, or controlled the supporting organization.  Type II Supporting Organizations   |            |     |              |
|     |           | Trype in eapperting enganizations  |            | Yes | No           |
| 1   | Wore a    | a majority of the organization's directors or trustees during the tax year also a majority of the directors  |            | 163 | NO           |
| •   |           | tees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control  |            |     |              |
|     |           | , and the second |            |     |              |
|     |           | agement of the supporting organization was vested in the same persons that controlled or managed opported organization(s).   | 1          |     |              |
| Sec | tion D    | . All Type III Supporting Organizations  |            |     |              |
|     |           | <i>y</i> , 11 0 0  |            | Yes | No           |
| 1   | Did the   | e organization provide to each of its supported organizations, by the last day of the fifth month of the   |            |     |              |
| -   |           | zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |            |     |              |
|     | •         | i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |            |     |              |
|     |           | zation's governing documents in effect on the date of notification, to the extent not previously provided?   | 1          |     |              |
| 2   | -         | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported  |            |     |              |
|     |           | zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how   |            |     |              |
|     |           | panization maintained a close and continuous working relationship with the supported organization(s).  | 2          |     |              |
| 3   | J         | son of the relationship described on line 2, above, did the organization's supported organizations have a  |            |     |              |
|     | signific  | ant voice in the organization's investment policies and in directing the use of the organization's   |            |     |              |
|     | income    | e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's  |            |     |              |
|     | suppor    | ted organizations played in this regard.   | 3          |     |              |
| Sec | tion 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).  |            |     |              |
| а   |           | The organization satisfied the Activities Test. Complete line 2 below.   |            |     |              |
| b   | 1         | The organization is the parent of each of its supported organizations. Complete line 3 below.  |            |     |              |
| С   | Ш         | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins   | truction   | s). |              |
| 2   | Activiti  | es Test. <b>Answer lines 2a and 2b below.</b>  |            | Yes | No           |
| а   | Did sub   | bstantially all of the organization's activities during the tax year directly further the exempt purposes of   |            |     |              |
|     | the sup   | oported 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 th    | e organization was responsive to those supported organizations, and how the organization determined  |            |     |              |
|     |           | ese activities constituted substantially all of its activities.  | 2a         |     |              |
| b   |           | e activities described on line 2a, above, constitute activities that, but for the organization's involvement,  |            |     |              |
|     |           | more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in  |            |     |              |
|     |           | the reasons for the organization's position that its supported organization(s) would have engaged in   | <i>a</i> - |     |              |
| _   |           | activities but for the organization's involvement.   | 2b         |     |              |
| 3   |           | of Supported Organizations. Answer lines 3a and 3b below.  |            |     |              |
| а   |           | e organization have the power to regularly appoint or elect a majority of the officers, directors, or  |            |     |              |
|     |           | es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.  | 3a         |     |              |
| b   | Did the   | e 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.

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|------|---|--------------|----------------------------|--------------------------------|
| Pai  | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti                    | ng Orgar     | nizations                  |                                |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying | ing trust on | Nov. 20, 1970 ( explain ir | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations mu      | st complete  | Sections A through E.      |                                |
| Sect | ion A - Adjusted Net Income   |              | (A) Prior Year             | (B) Current Year<br>(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            |                            |                                |
| Sect | ion B - Minimum Asset Amount  |              | (A) Prior Year             | (B) Current Year<br>(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           |                            |                                |
| е    | 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 0.015 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 0.035.   | 6            |                            |                                |
| _7_  | Recoveries of prior-year distributions  | 7            |                            |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                     | 8            |                            |                                |
| Sect | ion C - Distributable Amount  |              |                            | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)           | 1            |                            |                                |
| 2    | Enter 0.85 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            |                            |                                |

\_\_\_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A (Form 990) 2022

5 Income tax imposed in prior year

instructions).

**Distributable Amount.** Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

|          | dule A (Form 990) 2022 THE WILDERNES                            |                               |                               |      | *-***2823 Page                | <u> 7</u> |
|----------|---|-------------------------------|-------------------------------|------|-------------------------------|-----------|
| Pai      | t V Type III Non-Functionally Integrated 509                    | (a)(3) Supporting Orga        | nizations <sub>(continu</sub> | ıed) | <b>-</b>                      |           |
| Sect     | on D - Distributions  |                               |                               |      | Current Year                  |           |
| _1_      | Amounts paid to supported organizations to accomplish exe       | mpt purposes                  |                               | 1    |                               |           |
| 2        | Amounts paid to perform activity that directly furthers exemp   | t purposes of supported       |                               |      |                               |           |
|          | organizations, in excess of income from activity                |                               |                               | 2    |                               |           |
| 3        | Administrative expenses paid to accomplish exempt purpose       | es of supported organizations | 3                             | 3    |                               |           |
| 4        | Amounts paid to acquire exempt-use assets                       |                               |                               | 4    |                               |           |
| 5        | Qualified set-aside amounts (prior IRS approval required - pri  | ovide details in Part VI)     |                               | 5    |                               |           |
| 6        | Other distributions (describe in Part VI). See instructions.    |                               |                               | 6    |                               |           |
| 7        | Total annual distributions. Add lines 1 through 6.              |                               |                               | 7    |                               |           |
| 8        | Distributions to attentive supported organizations to which the | ne organization is responsive |                               |      |                               |           |
|          | (provide details in Part VI). See instructions.                 | 3                             |                               | 8    |                               |           |
| 9        | Distributable amount for 2022 from Section C, line 6            |                               |                               | 9    |                               | _         |
| 10       | Line 8 amount divided by line 9 amount                          |                               |                               | 10   |                               | _         |
|          | and o arrival arrival by mile o arrival in                      | (i)                           | (ii)                          |      | (iii)                         |           |
| Sect     | ion E - Distribution Allocations (see instructions)             | Excess Distributions          | Underdistribution<br>Pre-2022 | ıs   | Distributable Amount for 2022 |           |
| 1        | Distributable amount for 2022 from Section C, line 6            |                               |                               |      |                               |           |
| 2        | Underdistributions, if any, for years prior to 2022 (reason-    |                               |                               |      |                               |           |
|          | able cause required - explain in Part VI). See instructions.    |                               |                               |      |                               |           |
| 3        | Excess distributions carryover, if any, to 2022                 |                               |                               |      |                               |           |
| <u> </u> | From 2017   |                               |                               |      |                               |           |
|          | From 2018   |                               |                               |      |                               |           |
|          | From 2019   |                               |                               |      |                               |           |
|          | From 2020   |                               |                               |      |                               |           |
|          | From 2021   |                               |                               |      |                               |           |
|          | Total of lines 3a through 3e                                    |                               |                               |      |                               |           |
|          | Applied to underdistributions of prior years                    |                               |                               |      |                               |           |
|          | Applied to 2022 distributable amount                            |                               |                               |      |                               |           |
| <u></u>  | Carryover from 2017 not applied (see instructions)              |                               |                               |      |                               |           |
| ÷        | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                               |                               |      |                               |           |
| 4        | Distributions for 2022 from Section D,                          |                               |                               |      |                               |           |
| 7        | line 7: \$  |                               |                               |      |                               |           |
|          | Applied to underdistributions of prior years                    |                               |                               |      |                               |           |
|          | Applied to 2022 distributable amount                            |                               |                               |      |                               |           |
|          | • •   |                               |                               |      |                               |           |
| 5        | Remainder. Subtract lines 4a and 4b from line 4.                |                               |                               |      |                               |           |
| 3        | Remaining underdistributions for years prior to 2022, if        |                               |                               |      |                               |           |
|          | any. Subtract lines 3g and 4a from line 2. For result greater   |                               |                               |      |                               |           |
|          | than zero, explain in <b>Part VI.</b> See instructions.         |                               |                               |      |                               | _         |
| 6        | Remaining underdistributions for 2022. Subtract lines 3h        |                               |                               |      |                               |           |
|          | and 4b from line 1. For result greater than zero, explain in    |                               |                               |      |                               |           |
|          | Part VI. See instructions.                                      |                               |                               |      |                               |           |
| 7        | Excess distributions carryover to 2023. Add lines 3j            |                               |                               |      |                               |           |
|          | and 4c.   |                               |                               |      |                               |           |
| 8        | Breakdown of line 7:  |                               |                               |      |                               |           |
|          | Excess from 2018  |                               |                               |      |                               |           |
|          | Excess from 2019  |                               |                               |      |                               |           |
| С        | Excess from 2020  |                               |                               |      |                               |           |

Schedule A (Form 990) 2022

d Excess from 2021 e Excess from 2022

# Schedule B

(Form 990)

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for the latest information.

**Employer identification number** 

|  | THE WILDERNESS LAND TRUST   | **-***2823  |
|--|---|---|
| Organization type  | e (check one):  |   |
| Filers of:   | Section:  |   |
| Progranization type (check one):  Filters 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 foundation  527 political organization  527 political organization  527 political organization  528 political organization  529 political organization  529 political organization  520 political organization  520 political organization  520 political organization  520 political organization  521 political organization  521 political organization  522 political organization  523 political organization  524 political organization  525 political organization  526 political organization  527 political organization  528 political organization  529 political organization  529 political organization  529 political 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  X For an organization described in section \$51(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections \$598(a)(1) and 170(b)(1)/4(b)(i), that checked Schedule A (Form 990), 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 \$51(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions or more than \$1,000 exclusively for religious, charitable, etc., literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "NA" in column (b) instead of |   |   |
|  | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundate  | ution   |
|  | 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  |   |
| Prepartization type (check one):  Filters of:  Section:  Form 990 or 990-EZ  \$\times \text{ 501(c)}(3) \text{ (enter number) organization}  4947(a)(1) nonexempt charitable trust not treated as a private foundation  527 political organization  527 political organization  528 political organization  529 political organization  529 political organization  5201(c)(3) exempt private foundation  5201(c)(3) exempt private foundation  5201(c)(3) taxable private foundation  5201(c)(4) taxable private foundation  5201(c)(4) taxable private foundation  5201(c)(5) taxable private foundation  5201(c)(7), (8), or (10) organization taxable private foundation  5201(c)(3) taxable private foundation  5201(c)(3) taxable private foundation  5201(c)(3) taxable private foundation  5201(c)(4) taxable private foundation  5201(c)(7), (8), or (10) taxable private foundation  5201(c)(8) taxable private foundation  5201(c)(8) taxable private foundation  5201(c)(8) taxable private foundation  5201(c)(7), (8) taxable private found      |   |   |
|  |   |   |
| Special Rules  |   |   |
| sections s   | 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, cor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount   | or 16b, and that received from any one  |
| contributo<br>literary, or   | for, during the year, total contributions of more than \$1,000 exclusively for religious, char<br>or educational purposes, or for the prevention of cruelty to children or animals. Complet   | aritable, scientific,   |
| year, cont<br>is checke<br>purpose.  | ntributions exclusively for religious, charitable, etc., purposes, but no such contributions ed, enter here the total contributions that were received during the year for an exclusive. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization be | s totaled more than \$1,000. If this box<br>ely religious, charitable, etc.,<br>pecause it received <i>nonexclusively</i> |
| answer "No" on Pa  | art IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its For  |   |

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

Name of organization Employer identification number

# THE WILDERNESS LAND TRUST

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed.         |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b) Name, address, and ZIP + 4  | (c) Total contributions    | (d) Type of contribution   |
| 1          |   | \$\$                       | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 2          |   | \$60,000.                  | Person X Payroll   |
| (a)<br>No. | (b) Name, address, and ZIP + 4  | (c) Total contributions    | (d) Type of contribution   |
| 3_         |   | \$\$                       | Person X Payroll   |
| (a)        | (b)   | (c)                        | (d)  |
|            | Name, address, and ZIP + 4  | * 65,000.                  | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 5          |   | \$15,000.                  | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 6          |   | \$15,000.                  | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

# THE WILDERNESS LAND TRUST

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | al space is needed.        |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
| 7_         |   | \$ <u>17,500.</u>          | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 8          |   | \$\$                       | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution  |
| 9          |   | \$145,000.                 | Person X Payroll   |
| (a)        | (b)   | (c)                        | (d)  |
| No. 10     | Name, address, and ZIP + 4  | \$ 78,887.                 | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution  |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)     |

Name of organization Employer identification number

# THE WILDERNESS LAND TRUST

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if | additional space is needed.               |                      |
|------------------------------|---|---|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | -<br>-<br>-<br>- \$                       |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                              | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | -<br>-<br>-<br>-<br>\$                    |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                              | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | -<br>-<br>-<br>-<br>- \$                  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                              | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | -<br>-<br>-<br>-<br>- \$                  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                              | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | -<br>-<br>-<br>-<br>-<br>\$               |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                              | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | -<br>-<br>-<br>- \$                       |                      |

Name of organization **Employer identification number** \*\*-\*\*\*2823 THE WILDERNESS LAND TRUST Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|        |              | (c)(4), (5), or (6) organizat | ions: Complete Part III.   |                           |   |       |  |   |
|--------|--------------|-------------------------------|--|---------------------------|---|-------|--|---|
| Nam    | ne of organi |                               |  |                           | E   |       | r identification   |   |
| Б.     |              | THE WIL                       | DERNESS LAND TRUS  | ST                        |   | ,     | **-***28   | 23  |
| Ра     | rt I-A       | Complete if the org           | anization is exempt unde   | er section 501(c) o       | r is a section 527  | orgar | nization.  |   |
| 2      | Political ca | ampaign activity expendit     | ation's direct and indirect politica<br>ures<br>gn activities    |                           |   |       |  |   |
| Pa     | rt I-B       | Complete if the org           | anization is exempt unde   | er section 501(c)(3       | ).  |       |  |   |
| 1      | Enter the a  | amount of any excise tax      | incurred by the organization unde                                | er section 4955           |   | \$    |  |   |
|        |              |                               | incurred by organization manage                                  |                           |   |       |  |   |
|        |              |                               | n 4955 tax, did it file Form 4720 f                              |                           |   |       |  | ☐ No  |
| 4a     | Was a com    | rection made?                 |  |                           |   |       | Yes  | ☐ No  |
|        | If "Yes," de | escribe in Part IV.           |  |                           |   |       |  |   |
|        |              |                               | anization is exempt unde   |                           |   |       |  |   |
|        |              |                               | by the filing organization for sec                               |                           |   | \$    |  |   |
| 2      |              | 0 0                           | ization's funds contributed to oth                               | J                         |   |       |  |   |
|        |              |                               |  |                           |   | . \$  |  |   |
| 3      |              |                               | . Add lines 1 and 2. Enter here ar                               | •                         |   | •     |  |   |
|        |              |                               | 4400 DOL for this was 0  |                           |   |       | Yes  | No  |
| 4<br>5 |              |                               | <b>1120-POL</b> for this year?nployer identification number (EIN |                           |   |       |  |   |
| 3      |              |                               | tion listed, enter the amount paid                               |                           |   |       |  |   |
|        |              |                               | omptly and directly delivered to a                               |                           |   |       | · · · · · · · · · · · · · · · · · · ·  |   |
|        | political ac | tion committee (PAC). If      | additional space is needed, provi                                | de information in Part I\ | V.  |       |  |   |
|        |              | (a) Name                      | (b) Address  | (c) EIN                   | (d) Amount paid fro<br>filing organization<br>funds. If none, enter | 's co | (e) Amount of portributions reconstructions reconstructions and delivered to a supplification of the political organization organiz | eived and<br>directly<br>eparate<br>zation. |
|        |              |                               |  |                           |   |       |  |   |
|        |              |                               |  |                           |   |       |  |   |
|        |              |                               |  |                           |   |       |  |   |
|        |              |                               |  |                           |   |       |  |   |
|        |              |                               |  |                           |   |       |  |   |
|        |              |                               |  |                           |   |       |  |   |

| Part II-A   Complete if the org                               | janization is exe                                     | mpt under section                    | 501(c)(3) and file      |  | ction under                        |
|---|---|--------------------------------------|-------------------------|--|------------------------------------|
| section 501(h)).  |   |                                      |                         |  |                                    |
| A Check if the filing organiza                                | ation belongs to an aff                               | iliated group (and list in           | Part IV each affiliated | group member's name                    | e, address, EIN,                   |
| expenses, and sha   | re of excess lobbying                                 | expenditures).                       |                         |  |                                    |
| B Check if the filing organiza                                | ation checked box A a                                 | nd "limited control" pro             | visions apply.          |  |                                    |
|   | its on Lobbying Expe<br>ditures" means amo            | enditures<br>unts paid or incurred.) |                         | (a) Filing<br>organization's<br>totals | <b>(b)</b> Affiliated group totals |
| 1a Total lobbying expenditures to influ                       | uence public opinion                                  | (grassroots lobbying)                |                         |  |                                    |
| <b>b</b> Total lobbying expenditures to influ                 | uence a legislative bo                                | dy (direct lobbying)                 |                         | 13,620.                                |                                    |
| c Total lobbying expenditures (add li                         | nes 1a and 1b)  |                                      |                         | 13,620.                                |                                    |
| d Other exempt purpose expenditure                            |   |                                      |                         | 1,427,549.                             |                                    |
| e Total exempt purpose expenditure                            | es (add lines 1c and 1d                               | d)                                   |                         | 1,441,169.                             |                                    |
| f Lobbying nontaxable amount. Enter                           | er the amount from th                                 | e following table in both            | n columns.              | 219,117.                               |                                    |
| If the amount on line 1e, column (a) o                        | or (b) is: The Iol                                    | obying nontaxable am                 | ount is:                |  |                                    |
| Not over \$500,000  | 20% of  | the amount on line 1e.               |                         |  |                                    |
| Over \$500,000 but not over \$1,000                           | 0,000 \$100,0   | 00 plus 15% of the exce              | ess over \$500,000.     |  |                                    |
| Over \$1,000,000 but not over \$1,5                           | 600,000 \$175,0                                       | 00 plus 10% of the exce              | ess over \$1,000,000.   |  |                                    |
| Over \$1,500,000 but not over \$17                            | ,000,000 \$225,0                                      | 00 plus 5% of the exces              | ss over \$1,500,000.    |  |                                    |
| Over \$17,000,000   | \$1,000   | ,000.                                |                         |  |                                    |
|   | 54,779.   |                                      |                         |  |                                    |
| • ,   | g Grassroots nontaxable amount (enter 25% of line 1f) |                                      |                         |  |                                    |
| h Subtract line 1g from line 1a. If zer                       |   |                                      |                         | 0.                                     |                                    |
| i Subtract line 1f from line 1c. If zero                      |   |                                      |                         | 0.                                     |                                    |
| j If there is an amount other than ze                         |   | ,                                    |                         | Г                                      |                                    |
| reporting section 4911 tax for this                           | •   | d B. d. d. H. d                      |                         |  | Yes No                             |
| (Some organizations t   |   | eraging Period Under                 | , ,                     | of the five columns he                 | low                                |
| (Some organizations t   |   | rate instructions for lir            | •                       | or the nive columns be                 | 10W.                               |
|   | Lobbying Expe   | nditures During 4-Yea                | r Averaging Period      |  |                                    |
| Calendar year<br>(or fiscal year beginning in)                | <b>(a)</b> 2019                                       | <b>(b)</b> 2020                      | (c) 2021                | ( <b>d)</b> 2022                       | (e) Total                          |
| 2a Lobbying nontaxable amount                                 | 160,140.  | 150,845.                             | 161,754.                | 219,117.                               | 691,856.                           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e)) |   |                                      |                         |  | 1,037,784.                         |
| c Total lobbying expenditures                                 | 12,120.   | 12,120.                              | 13,520.                 | 13,620.                                | 51,380.                            |
| d Grassroots nontaxable amount                                | 40,035.   | 37,711.                              | 40,439.                 | 54,779.                                | 172,964.                           |
| e Grassroots ceiling amount (150% of line 2d, column (e))     |   |                                      |                         |  | 259,446.                           |
|   |   | 1                                    |                         |  |                                    |

Schedule C (Form 990) 2022

f Grassroots lobbying expenditures

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| Franch IIV. III   | (a                 | 1)            | (b        | <u> </u> |
|---|--------------------|---------------|-----------|----------|
| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.   | Yes                | No No         | Amo       |          |
| During the year, did the filing organization attempt to influence foreign, national, state, or  |                    |               |           |          |
| local legislation, including any attempt to influence public opinion on a legislative matter  |                    |               |           |          |
| or referendum, through the use of:  |                    |               |           |          |
| a Volunteers?   |                    |               |           |          |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |                    |               |           |          |
| c Media advertisements?   |                    |               |           |          |
| d Mailings to members, legislators, or the public?  |                    |               |           |          |
| e Publications, or published or broadcast statements?   |                    |               |           |          |
| f Grants to other organizations for lobbying purposes?  |                    |               |           |          |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?   |                    |               |           |          |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |                    |               |           |          |
| i Other activities?   |                    |               |           |          |
| j Total. Add lines 1c through 1i  |                    |               |           |          |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |                    |               |           |          |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |                    |               |           |          |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |                    |               |           |          |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  |                    |               |           |          |
| Part III-A   Complete if the organization is exempt under section 501(c)(4), section  | n 501(c)(5         | ), or sec     | tion      |          |
| 501(c)(6).  | ` ' ' '            |               |           |          |
|   |                    |               | Yes       | No       |
| Were substantially all (90% or more) dues received nondeductible by members?  |                    | 1             |           |          |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?   |                    |               |           |          |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the   |                    |               |           |          |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  |                    |               |           |          |
| Dues, assessments and similar amounts from members  |                    | 1             |           |          |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)   | cai                |               |           |          |
| expenses for which the section 527(f) tax was paid).  |                    | 0-            |           |          |
| a Current year  |                    | 1 1           |           |          |
| b Carryover from last year  |                    |               |           |          |
| c Total   |                    | _             |           |          |
|   |                    | 3             |           |          |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc  |                    |               |           |          |
| does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p   | olitical           |               |           |          |
| expenditures next year?   |                    | 4             |           |          |
| 5 Taxable amount of lobbying and political expenditures. See instructions   |                    | 5             |           |          |
| Part IV Supplemental Information  |                    |               |           |          |
| Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information.  SCHEDULE C, PART IV, ADDITIONAL INFORMATION | o list); Part II-/ | A, lines 1 ar | nd 2 (See |          |
| WASHINGTON DC LOBBYIST AND THE PRESIDENT OF THE WILDER  | RNESS L            | AND TI        | RUST M    | ADE      |
| DIRECT CONTACT WITH LEGISLATIVE STAFF AND MEMBERS TO 1  | EDUCATE            | THEM          | ON TH     | E        |
| NEED FOR APPROPRIATIONS FROM THE LAND AND WATER CONSE   | RVATION            | FUND          | FOR T     | HE       |
| ACQUISITION OF WILDERNESS INHOLDINGS.   |                    |               |           |          |

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

THE WILDERNESS LAND TRUST

**Employer identification number** \*\*-\*\*\*2823

|    |  | (a) Donor advised            | funds                   | (b) Funds and other accounts      |
|----|--|------------------------------|-------------------------|-----------------------------------|
| 1  | Total number at end of year  |                              |                         |                                   |
| 2  | Aggregate value of contributions to (during year)  |                              |                         |                                   |
| 3  | Aggregate value of grants from (during year)   |                              |                         |                                   |
| 4  | Aggregate value at end of year   |                              |                         |                                   |
| 5  | Did the organization inform all donors and donor advisors in w   | riting that the assets hel   | d in donor advised fu   | nds                               |
|    | are the organization's property, subject to the organization's e   | ~                            |                         |                                   |
| 6  | Did the organization inform all grantees, donors, and donor ac   |                              |                         |                                   |
|    | for charitable purposes and not for the benefit of the donor or  |                              |                         |                                   |
|    | impermissible private benefit?   |                              |                         | Yes No                            |
| Pa | t II Conservation Easements. Complete if the org   |                              |                         |                                   |
| 1  | Purpose(s) of conservation easements held by the organizatio   | n (check all that apply).    |                         |                                   |
|    | Preservation of land for public use (for example, recreat  |                              | Preservation of a his   | storically important land area    |
|    | Protection of natural habitat  | ,                            |                         | rtified historic structure        |
|    | Preservation of open space   |                              |                         |                                   |
| 2  | Complete lines 2a through 2d if the organization held a qualification  | ed conservation contribu     | tion in the form of a c | conservation easement on the last |
|    | day of the tax year.   |                              |                         | Held at the End of the Tax Year   |
| а  | Total number of conservation easements   |                              |                         | 2a                                |
| b  |  |                              |                         | 2b                                |
| С  | Number of conservation easements on a certified historic stru  |                              |                         |                                   |
| d  | Number of conservation easements included in (c) acquired at   |                              |                         |                                   |
|    | historic structure listed in the National Register   | •                            |                         | 2d                                |
| 3  | Number of conservation easements modified, transferred, rele   |                              |                         | nization during the tax           |
|    | year   | · ·                          |                         | -                                 |
| 4  | Number of states where property subject to conservation ease   | ement is located             |                         |                                   |
| 5  | Does the organization have a written policy regarding the peri   | odic monitoring, inspecti    | on, handling of         |                                   |
|    | violations, and enforcement of the conservation easements it   | holds?                       | -                       | Yes No                            |
| 6  | Staff and volunteer hours devoted to monitoring, inspecting, h   |                              |                         |                                   |
|    |  |                              |                         |                                   |
| 7  | Amount of expenses incurred in monitoring, inspecting, handl   | ing of violations, and enf   | orcing conservation e   | easements during the year         |
|    |  |                              |                         |                                   |
| 8  | Does each conservation easement reported on line 2(d) above  | satisfy the requirements     | of section 170(h)(4)(l  | B)(i)                             |
|    | and section 170(h)(4)(B)(ii)?  |                              |                         | Yes No                            |
| 9  | In Part XIII, describe how the organization reports conservation   | n easements in its reven     | ue and expense state    | ment and                          |
|    | balance sheet, and include, if applicable, the text of the footnote  | ote to the organization's    | financial statements t  | hat describes the                 |
|    | organization's accounting for conservation easements.  |                              |                         |                                   |
| Pa | t III Organizations Maintaining Collections of   |                              | sures, 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   | 3, not to report in its reve | nue statement and ba    | alance sheet works                |
|    | of art, historical treasures, or other similar assets held for public  | ic exhibition, education,    | or research in further  | ance of public                    |
|    | service, provide in Part XIII the text of the footnote to its finance  | cial statements that desc    | ribes these items.      |                                   |
| b  | If the organization elected, as permitted under FASB ASC 958   | 3, to report in its revenue  | statement and balan     | ce sheet works of                 |
|    | art, historical treasures, or other similar assets held for public $% \left( 1\right) =\left( 1\right) \left( 1\right) $ | exhibition, education, or    | research in furtheran   | ce of public service,             |
|    | provide the following amounts relating to these items:   |                              |                         |                                   |
|    | (i) Revenue included on Form 990, Part VIII, line 1  |                              |                         | \$                                |
|    |  |                              |                         |                                   |
| 2  | If the organization received or held works of art, historical trea   | sures, or other similar as   | sets for financial gain | , provide                         |
|    | the following amounts required to be reported under FASB AS  | SC 958 relating to these i   | tems:                   |                                   |
| а  | Revenue included on Form 990, Part VIII, line 1  |                              |                         | \$                                |
|    | Assets included in Form 990 Part X   |                              |                         | \$                                |

|            |   | DERNESS LAN             |                         | Oth-                  |  | *-**       |             |         | age 2 |
|------------|---|-------------------------|-------------------------|-----------------------|--|------------|-------------|---------|-------|
| Par        |   |                         | -                       | ·                     |  |            | (contin     | nued)   |       |
| 3          | Using the organization's acquisition, accession   | on, and other records   | s, check any of the f   | ollowing that make s  | significant us                                   | se of its  |             |         |       |
|            | collection items (check all that apply):          |                         |                         |                       |  |            |             |         |       |
| а          | Public exhibition                                 | d                       |                         | hange program         |  |            |             |         |       |
| b          | Scholarly research                                | е                       | Other                   |                       |  |            |             |         |       |
| С          | Preservation for future generations               |                         |                         |                       |  |            |             |         |       |
| 4          | Provide a description of the organization's co    | ·                       | •                       | •                     |  | e in Part  | XIII.       |         |       |
| 5          | During the year, did the organization solicit or  |                         | •                       | •                     |  | _          | _           |         | ,     |
| <b>D</b> : | to be sold to raise funds rather than to be ma    |                         |                         |                       |  |            | _ Yes       |         | No    |
| Par        | t IV Escrow and Custodial Arrang                  |                         | ete if the organization | n answered "Yes" o    | n Form 990,                                      | Part IV, I | ine 9, or   |         |       |
|            | reported an amount on Form 990, Par               |                         |                         |                       |  |            |             |         |       |
| 1a         | Is the organization an agent, trustee, custodia   |                         | •                       |                       |  |            | _           |         | ,     |
|            | on Form 990, Part X?                              |                         |                         |                       |  | L          | <b>」Yes</b> |         | No    |
| b          | If "Yes," explain the arrangement in Part XIII a  | and complete the foll   | lowing table:           |                       |  |            |             |         |       |
|            |   |                         |                         |                       |  |            | Amoun       | t       |       |
| С          | Beginning balance                                 |                         |                         |                       | 1c   |            |             |         |       |
| d          | Additions during the year                         |                         |                         |                       | 1d   |            |             |         |       |
| е          | Distributions during the year                     |                         |                         |                       | 1e   |            |             |         |       |
|            | Ending balance                                    |                         |                         |                       | 1f   |            | _           |         |       |
| <b>2</b> a | Did the organization include an amount on Fo      | orm 990, Part X, line   | 21, for escrow or cu    | stodial account liab  | ility?   | L          | Yes         |         | No    |
| _          | If "Yes," explain the arrangement in Part XIII.   |                         |                         |                       |  |            |             |         |       |
| Par        | t V Endowment Funds. Complete i                   |                         |                         |                       |  |            |             |         |       |
|            |   | (a) Current year        | (b) Prior year          | (c) Two years back    | (d) Three ye                                     |            |             |         |       |
| 1a         | Beginning of year balance                         | 2,699,095.              | 2,425,279.              | 2,065,709.            | <del>                                     </del> | 1,788.     | 1           | ,518,   |       |
| b          | Contributions                                     | 377,577.                | 493,292.                | 555,739.              | 34   | 4,482.     |             | 641,    | 628.  |
| С          | Net investment earnings, gains, and losses        |                         |                         |                       |  |            |             |         |       |
| d          | Grants or scholarships                            |                         |                         |                       |  |            |             |         |       |
| е          | Other expenditures for facilities                 |                         |                         |                       |  |            |             |         |       |
|            | and programs                                      | 586,282.                | 219,476.                | 196,169.              | 26   | 0,561.     |             | 178,    | 576.  |
| f          | Administrative expenses                           |                         |                         |                       |  |            |             |         |       |
| g          | End of year balance                               | 2,490,390.              | 2,699,095.              | 2,425,279.            | 2,06   | 5,709.     | 1           | ,981,   | 788.  |
| 2          | Provide the estimated percentage of the curr      | ent year end balance    | e (line 1g, column (a)  | ) held as:            |  |            |             |         |       |
| а          | Board designated or quasi-endowment               |                         | _%                      |                       |  |            |             |         |       |
| b          | Permanent endowment                               | %                       |                         |                       |  |            |             |         |       |
| С          | Term endowment100                                 | %                       |                         |                       |  |            |             |         |       |
|            | The percentages on lines 2a, 2b, and 2c show      | uld equal 100%.         |                         |                       |  |            |             |         |       |
| За         | Are there endowment funds not in the posses       | ssion of the organiza   | tion that are held an   | nd administered for t | he   |            |             |         |       |
|            | organization by:                                  |                         |                         |                       |  |            |             | Yes     | No    |
|            | (i) Unrelated organizations                       |                         |                         |                       |  |            | 3a(i)       |         | X     |
|            | (ii) Related organizations                        |                         |                         |                       |  |            | 3a(ii)      |         | Х     |
| b          | If "Yes" on line 3a(ii), are the related organiza | tions listed as require | ed on Schedule R?       |                       |  |            | 3b          |         |       |
| 4          | Describe in Part XIII the intended uses of the    | organization's endov    | wment funds.            |                       |  |            |             |         |       |
| Par        | t VI Land, Buildings, and Equipm                  | ent.                    |                         |                       |  |            |             |         |       |
|            | Complete if the organization answered             | d "Yes" on Form 990     | , Part IV, line 11a. S  | ee Form 990, Part X   | , line 10.                                       |            |             |         |       |
|            | Description of property                           | (a) Cost or of          | ther (b) Cost           | or other (c)          | Accumulated                                      | 3          | (d) Boo     | k value | e     |
|            | ·   | basis (investm          | nent) basis             | (other) de            | epreciation                                      |            |             |         |       |
| 1a         | Land  |                         |                         |                       |  |            |             |         |       |
|            | Buildings   |                         |                         |                       |  |            |             |         |       |
| С          | Leasehold improvements                            |                         |                         |                       |  |            |             |         |       |

10,990.

Schedule D (Form 990) 2022

10,990.

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

| Part VII | Investments - | Other | Securities |
|----------|---------------|-------|------------|
|          |               |       |            |

| Part VII               | Investments - Other Securities.  Complete if the organization answered "Yes" | on Form 990 Part IV line       | 11h See Form 990 Part Y line 12            |                        |
|------------------------|--|--------------------------------|--|------------------------|
| (a) Descrip            | tion of security or category (including name of security)                    | (b) Book value                 | (c) Method of valuation: Cost or end       | I-of-year market value |
|                        | al derivatives   | (-,                            | (2,  | ,                      |
|                        | held equity interests  |                                |  |                        |
| (3) Other              | Tiola oquity intorosto   |                                |  |                        |
| (A)                    |  |                                |  |                        |
| (B)                    |  |                                |  |                        |
| (C)                    |  |                                |  |                        |
| (D)                    |  |                                |  |                        |
| (E)                    |  |                                |  |                        |
| (F)                    |  |                                |  |                        |
| (G)                    |  |                                |  |                        |
| (H)                    |  |                                |  |                        |
| Total. (Col. (I        | b) must equal Form 990, Part X, col. (B) line 12.)                           |                                |  |                        |
| Part VIII              | Investments - Program Related.   |                                |  |                        |
|                        | Complete if the organization answered "Yes"                                  | on Form 990, Part IV, line     |  |                        |
|                        | (a) Description of investment  | (b) Book value                 | (c) Method of valuation: Cost or end       | l-of-year market value |
| (1)                    |  |                                |  |                        |
| (2)                    |  |                                |  |                        |
| (3)                    |  |                                |  |                        |
| (4)                    |  |                                |  |                        |
| (5)                    |  |                                |  |                        |
| (6)                    |  |                                |  |                        |
| (7)                    |  |                                |  |                        |
| (8)                    |  |                                |  |                        |
| (9)                    |  |                                |  |                        |
|                        | b) must equal Form 990, Part X, col. (B) line 13.)                           |                                |  |                        |
| Part IX                | Other Assets.  |                                |  |                        |
|                        | Complete if the organization answered "Yes"                                  |                                | 11d. See Form 990, Part X, line 15.        |                        |
|                        |  | Description                    |  | (b) Book value         |
|                        |  | R DONATION                     |  | 8,424,966.             |
|                        | RNEST DEPOSIT  |                                |  | 10,000.                |
| (3)                    |  |                                |  |                        |
| (4)                    |  |                                |  |                        |
| (5)                    |  |                                |  |                        |
| <u>(6)</u>             |  |                                |  |                        |
| <u>(7)</u>             |  |                                |  |                        |
| (8)                    |  |                                |  |                        |
| (9)                    | (1)  | 4=1                            |  | 8,434,966.             |
| Part X                 | mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.         | e 15.)                         |  | 0,434,900.             |
| raitx                  | Complete if the organization answered "Yes"                                  | on Form 990 Part IV line       | 11e or 11f See Form 990 Part Y line 25     |                        |
|                        | (a) Description of liability   | OITI OIIII 990, I AITIV, IIIIe | The of Thi. Gee Form 930, Fart X, line 23. | (b) Book value         |
| <b>1.</b> (1) Fool     |  |                                |  | (b) Dook value         |
|                        | leral income taxes  ND ACQUISITION REVOLVING                                 | C FIIND                        |  | 554,403.               |
|                        | SETS HELD FOR 3RD PARTI  |                                |  | 334,403.               |
|                        | NCASH  | EQ -                           |  | 2,958,286.             |
|                        | NCASII   |                                |  | 2,930,200.             |
| (5)                    |  |                                |  |                        |
| (6)<br>(7)             |  |                                |  |                        |
| (8)                    |  |                                |  |                        |
| ( <del>0)</del><br>(9) |  |                                |  |                        |
|                        | mn (b) must equal Form 990, Part X, col. (B) line                            | 25.)                           |  | 3,512,689.             |
| •                      | for uncertain tax positions. In Part XIII, provide                           | •                              |  |                        |

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

| Part         | t XI Reconciliation of Revenue per Audited Financial St                             | atements With Revenue              | per Return.          |                    |
|--------------|---|------------------------------------|----------------------|--------------------|
|              | 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                    | 1,016,495.         |
| 2            | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                 |                                    |                      |                    |
| а            | Net unrealized gains (losses) on investments  | 2a                                 |                      |                    |
|              | Donated services and use of facilities  |                                    |                      |                    |
|              | Recoveries of prior year grants   |                                    |                      |                    |
|              | Other (Describe in Part XIII.)  |                                    |                      |                    |
|              | Add lines 2a through 2d   | <u></u>                            | 2e                   | 0.                 |
|              | Subtract line <b>2e</b> from line <b>1</b>  |                                    |                      | 1,016,495.         |
|              | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                |                                    |                      |                    |
|              | Investment expenses not included on Form 990, Part VIII, line 7b                    | 4a                                 |                      |                    |
|              | Other (Describe in Part XIII.)  |                                    |                      |                    |
|              | Add lines 4a and 4b   |                                    | 4c                   | 0.                 |
| 5            | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1        |                                    | 5                    | 1,016,495.         |
| Par          | t XII Reconciliation of Expenses per Audited Financial S                            | tatements With Expense             | es per Returr        | 1.                 |
|              | Complete if the organization answered "Yes" on Form 990, Part IV,                   | line 12a.                          |                      |                    |
| 1            | Total expenses and losses per audited financial statements                          |                                    | 1                    | 1,441,169.         |
|              | Amounts included on line 1 but not on Form 990, Part IX, line 25:                   |                                    |                      |                    |
|              | Donated services and use of facilities  | 2a                                 |                      |                    |
|              | Prior year adjustments  |                                    |                      |                    |
|              | Other losses  |                                    |                      |                    |
| d            | Other (Describe in Part XIII.)  |                                    |                      |                    |
|              | Add lines 2a through 2d   |                                    | 2e                   | 0.                 |
|              | Subtract line <b>2e</b> from line <b>1</b>  |                                    |                      | 1,441,169.         |
|              | Amounts included on Form 990, Part IX, line 25, but not on line 1:                  |                                    |                      |                    |
|              | Investment expenses not included on Form 990, Part VIII, line 7b                    | 4a                                 |                      |                    |
|              | Other (Describe in Part XIII.)  |                                    |                      |                    |
|              | Add lines <b>4a</b> and <b>4b</b>   |                                    | 4c                   | 0.                 |
|              | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line         |                                    |                      | 1,441,169.         |
| Par          | t XIII Supplemental Information.  |                                    |                      |                    |
| Provid       | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | d 4; Part IV, lines 1b and 2b; Par | rt V, line 4; Part X | , line 2; Part XI, |
| lines 2      | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide        | any additional information.        |                      |                    |
|              |   |                                    |                      |                    |
|              |   |                                    |                      |                    |
| PAR          | RT V, LINE $4$ - INTENDED USES FOR ENDOWN   | MENT FUNDS                         |                      |                    |
|              |   |                                    |                      |                    |
| DON          | NOR RESTRICTED ENDOWMENT: AMOUNTS ARE S   | SPENT IN ACCORDA                   | NCE WITH             | DONORS'            |
|              |   |                                    |                      |                    |
| RES          | STRICTIONS.   |                                    |                      |                    |
|              |   |                                    |                      |                    |
| BOA          | ARD-DESIGNATED ENDOWMENT: INCLUDES \$53   | ,000 FOR A LEGAL                   | DEFENSE              | FUND, AND          |
|              |   |                                    |                      |                    |
| <u> \$10</u> | 0,000 FOR A LAND STEWARDSHIP FUND.  |                                    |                      |                    |
|              |   |                                    |                      |                    |
|              |   |                                    |                      |                    |
|              |   |                                    |                      |                    |
| PAR          | RT X - FIN 48 FOOTNOTE  |                                    |                      |                    |
|              |   |                                    |                      |                    |
| THE          | TRUST IS EXEMPT FROM FEDERAL AND STA  | TE INCOME TAXES                    | UNDER THE            | 3                  |
|              |   |                                    |                      |                    |
| <u>PRO</u>   | OVISIONS OF INTERNAL REVENUE CODE SECT  | ION 501 (C) (3).                   | ACCORDIN             | IGLY, NO           |
|              |   |                                    |                      |                    |
| <u>PRO</u>   | OVISION OR LIABILITY FOR INCOME TAXES I   | AS BEEN PROVIDE                    | D IN THE             |                    |
|              |   |                                    |                      |                    |
| ACC          | COMPANYING FINANCIAL STATEMENTS.  |                                    |                      |                    |

| Schedule D (Form 990) 2022                                | THE WILDERNESS       | LAND | TRUST | **-***2823 | Page 5  |
|---|----------------------|------|-------|------------|---------|
| Schedule D (Form 990) 2022  Part XIII   Supplemental Info | ormation (continued) | -    |       |            | . ugs s |
|   | (eominaea)           |      |       |            |         |
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|   |                      |      |       |            |         |

#### **SCHEDULE L**

Department of the Treasury Internal Revenue Service

(Form 990)

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open To Public Inspection

Name of the organization

THE WILDERNESS LAND TRUST

Part I Excess Benefit Transactions (section 501(c)(3) section 501(c)(4) and section 501(c)(29) or

Employer identification number \*\*-\*\*\*2823

| 1 (-) Name of diameter             | . (1:6:                 | (b) F    | Relationship betw                                      |         |          | ified ,                       |                        |             |          |                | (d) Corrected   |                |                  |
|------------------------------------|-------------------------|----------|--|---------|----------|-------------------------------|------------------------|-------------|----------|----------------|-----------------|----------------|------------------|
| (a) Name of disqua                 | alified person          |          | person and org   | ganiza  | ation    | (c                            | c) Description of tran | sactio      | n        |                | Y               | es             | No               |
|                                    |                         |          |  |         |          |                               |                        |             |          |                |                 |                |                  |
|                                    |                         |          |  |         |          |                               |                        |             |          |                |                 |                |                  |
|                                    |                         |          |  |         |          |                               |                        |             |          |                |                 |                |                  |
|                                    |                         |          |  |         |          |                               |                        |             |          |                |                 |                |                  |
|                                    |                         |          |  |         |          |                               |                        |             |          |                | $\perp$         | _              |                  |
|                                    |                         |          |  |         |          |                               |                        |             |          |                |                 |                |                  |
| 2 Enter the amount of section 4958 | -                       |          | •  | •       |          | ualified persons duri         | •                      |             | . \$     |                |                 |                |                  |
| 3 Enter the amount of              |                         |          |  |         |          |                               |                        |             |          |                |                 |                |                  |
| David III I aanad                  |                         |          | ana ata d Dana   |         |          |                               |                        |             |          |                |                 |                |                  |
|                                    | o and/or Fror           |          |  |         |          |                               |                        |             |          |                |                 |                |                  |
|                                    |                         |          |  |         |          | Part V, line 38a or F         | orm 990, Part IV, lin  | e 26; c     | or if th | e orga         | nizatio         | n              |                  |
|                                    | an amount on For        |          |  |         | an to or | ( ) Octobral                  | (0.5.)                 |             | 1        | <b>(h)</b> Apı | oroved          | (1) 14         | /:44 a .a        |
| (a) Name of<br>interested persor   | (b) Relation with organ |          | (c) Purpose<br>of loan                                 | fron    | n the    | (e) Original principal amount | (f) Balance due        | (g)<br>defa |          | I by boa       | ard or          | (i) w          | /ritten<br>ment? |
| miorested person                   |                         |          | 01.104.11  |         | zation?  | printo par amount             |                        | _           |          | cómm<br>Yes    |                 |                | т —              |
| KAREN FISHER                       | VICE                    | СНА      | LAND ACQ   | To<br>X | From     | 10,000.                       | 10,000.                | Yes         | No<br>X  | X              | No              | Yes<br>X       | No               |
| TIKELY I I DILLI                   | VICE                    | <u> </u> | Ernib ricg   | - 21    |          | 10,000.                       | 10,000.                |             | - 21     | -25            |                 | - 21           |                  |
|                                    |                         |          |  |         |          |                               |                        |             |          |                |                 |                |                  |
|                                    |                         |          |  |         |          |                               |                        |             |          |                |                 |                |                  |
|                                    |                         |          |  |         |          |                               |                        |             |          |                |                 |                |                  |
|                                    |                         |          |  |         |          |                               |                        |             |          |                |                 |                |                  |
|                                    |                         |          |  |         |          |                               |                        |             |          |                |                 |                |                  |
|                                    |                         |          |  |         |          |                               |                        |             |          |                |                 |                |                  |
|                                    |                         |          |  |         |          |                               |                        |             |          |                |                 |                |                  |
|                                    |                         |          |  |         |          |                               |                        |             |          |                |                 |                |                  |
| Total                              |                         |          |  |         |          | \$                            | 10,000.                |             |          |                |                 |                |                  |
|                                    | or Assistance           |          | _  |         |          |                               |                        |             |          |                |                 |                |                  |
| Complete                           | if the organization     | n ansv   | vered "Yes" on F                                       | orm 9   | 90, Pa   | rt IV, line 27.               |                        |             |          |                |                 |                |                  |
| (a) Name of intere                 | ested person            |          | (b) Relationship I<br>interested perso<br>the organiza | on an   |          | (c) Amount of assistance      | (d) Type<br>assistan   |             |          |                | Purp<br>assista | ose of<br>ance | :                |
|                                    |                         |          |  |         |          |                               |                        |             |          |                |                 |                |                  |
|                                    |                         |          |  |         |          |                               |                        |             |          |                |                 |                |                  |
|                                    |                         |          |  |         |          |                               |                        |             |          |                |                 |                |                  |
|                                    |                         |          |  |         |          |                               |                        |             |          |                |                 |                |                  |
|                                    |                         | $\perp$  |  |         |          |                               |                        |             |          |                |                 |                |                  |
|                                    |                         | _        |  |         |          |                               |                        |             |          |                |                 |                |                  |
|                                    |                         | _        |  |         |          |                               |                        |             |          |                |                 |                |                  |
|                                    |                         | +        |  |         |          |                               |                        |             |          |                |                 |                |                  |
|                                    |                         |          |  |         |          |                               | 1                      |             | - 1      |                |                 |                |                  |

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

Schedule L (Form 990) 2022

| Schedule L (Form 990) 2022 THE V<br>Part IV Business Transactions Invo | VILDERNESS LAND TRUST ving Interested Persons.                  |  | **-***2                        | 023     | rage z                        |
|--|---|--|--------------------------------|---------|-------------------------------|
|  | ed "Yes" on Form 990, Part IV, line 28a, 28                     | 3b. or 28c.                            |                                |         |                               |
| (a) Name of interested person  | (b) Relationship between interested person and the organization | (c) Amount of transaction              | (d) Description of transaction | òrganiz | aring of<br>zation's<br>nues? |
|  |   |  |                                | Yes     | No                            |
|  |   |  |                                |         |                               |
|  |   |  |                                | 1       |                               |
|  |   |  |                                | 1       |                               |
|  |   |  |                                | -       | -                             |
|  |   |  |                                | +       | _                             |
|  |   |  |                                | +       |                               |
|  |   |  |                                |         |                               |
|  |   |  |                                |         |                               |
|  |   |  |                                |         |                               |
| Part V Supplemental Information.                                       |   |  |                                |         |                               |
| Provide additional information for res                                 | ponses to questions on Schedule L (see i                        | nstructions).                          |                                |         |                               |
|  |   |  | _                              |         |                               |
| SCHEDULE L, PART II, LOAN  | S TO AND FROM INTERES   | TED PERSONS                            | 5:                             |         |                               |
| A) NAME OF PERSON: KAREN   | FISHER  |  |                                |         |                               |
| (B) RELATIONSHIP WITH ORG  | ANIZATION: VICE CHAIR   | AND TREASU                             | JRER                           |         |                               |
| (C) PURPOSE OF LOAN: LAND  | ACOUISITION   |  |                                |         |                               |
|  |   |  |                                |         |                               |
|  |   |  |                                |         |                               |
| SCHEDULE L, PART V - ADDI  | TIONAL INFORMATION  |  |                                |         |                               |
| THE ORGANIZATION HAD AN O  | UTSTANDING NOTE PAVAR   | TE TO KAREN                            | N FISHER, WH                   | ·O      |                               |
|  |   |  | V I I DILLIN, WI               |         |                               |
| SERVES ON THE BOARD OF DI  | RECTORS, IN THE AMOUN   | T OF \$10,00                           | 00. THE                        |         |                               |
| DOGETHOU THOME AD  |   | ************************************** | N MILL DEDNESS                 | i       |                               |
| PROCEEDS FROM THE NOTE AR  | E INCLUDED IN THE ORG   | ANIZATION                              | WILDERNESS                     | i       |                               |
| OPPORTUNITY FUND, A REVOL  | VING LOAN FUND USED F   | OR LAND ACC                            | QUISITION.                     |         |                               |
|  |   |  |                                |         |                               |
|  |   |  |                                |         |                               |
|  |   |  |                                |         |                               |
|  |   |  |                                |         |                               |
|  |   |  |                                |         |                               |

### **SCHEDULE 0** (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE WILDERNESS LAND TRUST

**Employer identification number** \*\*-\*\*\*2823

Schedule O (Form 990) 2022

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:             |
|--|
| (INHOLDINGS) TO PUBLIC OWNERSHIP THAT COMPLETE DESIGNATED AND PROPOSED     |
| WILDERNESS AREAS OR DIRECTLY PROTECT WILDERNESS VALUES.                    |
|  |
| FORM 990, PART I, LINE 6   |
| MEMBERS OF THE BOARD OF DIRECTORS SERVE ON A VOLUNTEER BASIS.              |
|  |
| FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:              |
| REMAINING PRIVATE INHOLDING.   |
|  |
| FORM 990, PART VI, SECTION B, LINE 11B:                                    |
| PRIOR TO FILING THE FORM 990, A DRAFT IN PDF FORMAT IS PROVIDED TO THE     |
| FINANCE COMMITTEE ALONG WITH AN EMAIL CALLING THEIR ATTENTION TO THE       |
| PORTIONS OF THE FORMS. COMMENTS AND CORRECTIONS ARE STRONGLY ENCOURGAGED.  |
|  |
| FORM 990, PART VI, SECTION B, LINE 12C:                                    |
| THE CONFLICTS OF INTEREST POLICY REQUIRES OFFICERS, DIRECTORS, AND KEY     |
| EMPLOYEES TO DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS. THE     |
| POLICY AND DISCLOSURE FORM ARE DISTRIBUTED AND COLLECTED ANNUALLY, AND     |
| INDIVIDUALS ARE REQUIRED TO UPDATE THE DISCLOSURE FORM THROUGHOUT THE YEAR |
| IN THE EVENT THAT POTENTIAL CONFLICTS ARISE. POTENTIAL CONFLICTS OF        |
| INTEREST ARE REVIEWED BY THE BOARD OF DIRECTORS.                           |
|  |
| FORM 990, PART VI, SECTION B, LINE 15:                                     |
| THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE PRESIDENT'S ANNUAL SALARY, |
| WITH NO PARTICIPATION BY THE PRESIDENT OR OTHER INTERESTED PERSONS. THE    |

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

Schedule O (Form 990) 2022 Page **2** 

Name of the organization THE WILDERNESS LAND TRUST

Employer identification number \*\*-\*\*\*2823

PRESIDENT'S SALARY IS ESTABLISHED USING COMPARABLE DATA FOR SIMILARLY

QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILAR

NONPROFITS; CONSIDERATION OF ROLES AND RESPONSIBILITIES OF THE PRESIDENT;

AND COST OF LIVING DATA. COMPARABLE MARKET DATA IS OBTAINED FROM SALARY

SURVEYS AND FORM 990S FILED BY COMPARABLE NOT-FOR-PROFIT ORGNIZATIONS.

DISCUSSIONS AND DECISIONS REGARDING THE COMPENSATION ARE DOCUMENTED IN

BOARD MEETING MINUTES.

THE PRESIDENT ALSO RECIEVES REIMBURSEMENTS FOR ROUTINE, REASONABLE, AND

DOCUMENTED EXPENSES INCURRED DURING THE YEAR UNDER AN ACCOUNTABLE PLAN. THE

PRESIDENT TRAVELS THROUGHOUT OUR SERVICE AREA.

A LINE ITEM BUDGET IS APPROVED BY THE BOARD OF DIRECTORS ANNUALLY. THE

BOARD APPROVES THE OVERALL SALARIES AND BENEFITS EXPENSES. DISCUSSIONS AND

DECISIONS REGARDING THE BUDGET ARE DOCUMENTED IN BOARD MEETING MINUTES. THE

PRESIDENT REVIEWS AND APPROVES THE SALARIES OF OTHER OFFICERS OR KEY

EMPLOYEES, WITH NO PARTICIPATION BY THE INTERESTED PERSONS, IN ACCORDANCE

WITH ANNUAL BUDGET.

THE PRESIDENT ESTABLISHES SALARIES USING COMPARABLE DATA FOR SIMILARILY

QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILAR

NONPROFITS; CONSIDERATION OF ROLES AND RESPONSABILITES OF THE OFFICER OR

KEY EMPLOYEE; AND COST OF LIVING DATA. COMPARABLE MARKET DATA IS OBTAINED

FROM SALARY SURVEYS AND FORM 990S FILED BY COMPARABLE NOT-FOR-PROFIT

ORGANIZATIONS.

EMPLOYEES ALSO RECIEVE REIMBURSEMENTS FOR ROUTINE, REASONABLE, AND

DOCUMENTED EXPENSES INCURRED DURING THE YEAR UNDER AN ACCOUNTABLE PLAN.

Schedule O (Form 990) 2022 Page **2** 

| Name of the organization  THE WILDERNESS LAND TRUST    | Employer identification number |
|--|--------------------------------|
| EMPLOYEES TRAVEL THROUGHOUT OUR SERVICE AREA.          |                                |
| FORM 990, PART VI, SECTION C, LINE 19:                 |                                |
| WE CONSIDER REQUESTS ON A CASE-BY-CASE BASIS.          |                                |
| FORM 990, PART IX, LINE 11G, OTHER FEES:               |                                |
| PROFESSIONAL FEES (60% MAP, INC.):                     |                                |
| PROGRAM SERVICE EXPENSES                               | 15,525.                        |
| MANAGEMENT AND GENERAL EXPENSES                        | 0.                             |
| FUNDRAISING EXPENSES                                   | 0.                             |
| TOTAL EXPENSES   | 15,525.                        |
| PROFESSIONAL FEES - LAND:                              |                                |
| PROGRAM SERVICE EXPENSES                               | 150,000.                       |
| MANAGEMENT AND GENERAL EXPENSES                        | 0.                             |
| FUNDRAISING EXPENSES                                   | 0.                             |
| TOTAL EXPENSES   | 150,000.                       |
| PROFESSIONAL FEES - OLIVER:                            |                                |
| PROGRAM SERVICE EXPENSES                               | 36,480.                        |
| MANAGEMENT AND GENERAL EXPENSES                        | 9,120.                         |
| FUNDRAISING EXPENSES                                   | 0.                             |
| TOTAL EXPENSES   | 45,600.                        |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 211,125.                       |
| FORM 990 PART XII LINE 2C                              |                                |
| NO CHANGE FROM PRIOR YEAR REVIEW PROCEDURES.           |                                |