Form **8879-EO**

THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning \underline{JUL} $\underline{1}$, 2019, and ending \underline{JUN} $\underline{30}$, 20 $\underline{20}$

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-1878

Name of exempt organization	Employer identification number
THE WILDERNESS LAND TRUST	**-***2823
Name and title of officer	
BRAD BORST	
PRESIDENT	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, to whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable than one line in Part I.	nen leave line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b1,032,652.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	
5a Form 8868 check here ▶ b Balance Due (Form 8868, line 3c)	5b
Part II Declaration and Signature Authorization of Officer	
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in process the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an eldebit) entry to the financial institution account indicated in the tax preparation software for payment of the organization return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial in processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return organization's electronic funds withdrawal. Officer's PIN: check one box only	e true, correct, and complete. I urn. I consent to allow my ne IRS and to receive from the IRS asing the return or refund, and (c) ectronic funds withdrawal (direct cion's federal taxes owed on this freasury Financial Agent at stitutions involved in the resolve issues related to the
	to enter my PIN 12345 Enter five numbers, bu
ERO firm name	do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 e indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charit	orize the aforementioned ERO to
program, I will enter my PIN on the return's disclosure consent screen.	21.400
Officer's signature ► ***** THIS IS NOT A FILEABLE COPY *** Date ► 12/	31/20
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 81143912345 Do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) e-file Providers for Business Returns.	
ERO's signature ▶ Date ▶	02/21
ERO Must Retain This Form - See Instructions	

Do Not Submit This Form to the IRS Unless Requested To Do So

EXTENDED TO MAY 17, 2021

(Rev. January 2020) Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

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

Inspection

OMB No. 1545-0047

<u>A</u>	ror the	e 2019 calendar year, or tax year beginning 001 1, 20.	L9 and	enaing U	<u>UN 30, 2020</u>	
В	Check if applicabl	C Name of organization			D Employer identific	cation number
	Addre chang Name	e THE WILDERNESS LAND TRUST				
	chang	e Doing business as			**-***28	23
	Initial return	Number and street (or P.O. box if mail is not delivered to street add	dress)	Room/suite	E Telephone number	
	Final return				206-397-	
	termin ated Amen		stal code		G Gross receipts \$	1,830,590.
	return	DAINDRIDGE ISLAND, WA 90110			H(a) Is this a group re	
	tion pendi	F Name and address of principal officer: DKAD BOKS I				? Yes X No
_	-	rig SAME AS C ABOVE empt status: X 501(c)(3) 501(c) ()	40.47(=)/4)		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) te: ➤ WWW.WILDERNESSLANDTRUST.ORG	4947(a)(1)	or 527	1	list. (see instructions)
		<u> </u>	Other >	I Voor	H(c) Group exemption 1992	N State of legal domicile: CO
	art I	Summary	ouici 🕨	L Teal	UI IUIIIIaliuli. エフフム N	a State of legal doffliche, CO
		Briefly describe the organization's mission or most significant activity	ties: WE K	EEP TH	E PROMISE OF	7
9	-	WILDERNESS - BY ACQUIRING AND TRAN				
Activities & Governance	2	Check this box if the organization discontinued its opera				sets.
Ver	3	Number of voting members of the governing body (Part VI, line 1a)	•		3	14
မ်	4	Number of independent voting members of the governing body (Par				14
Š,	5	Total number of individuals employed in calendar year 2019 (Part V,				4
jį.	6	Total number of volunteers (estimate if necessary)				14
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 39			7b	0.
					Prior Year	Current Year
ď	8	Contributions and grants (Part VIII, line 1h)		789,824.	954,508.	
n n	9	Program service revenue (Part VIII, line 2g)		0.	0.	
Revenue	10			119,334.	44,744.	
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11	e)		34,893.	33,400.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column			944,051.	1,032,652.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
					0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A			375,134.	444,801.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	100 0		0.	0.
Ž.	b	Total fundraising expenses (Part IX, column (D), line 25)			447 115	456 100
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			447,115.	456,129.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line			822,249. 121,802.	900,930. 131,722.
	19 /	Revenue less expenses. Subtract line 18 from line 12			•	
ts o	<u> </u>	Tatal assats (Dart V. line 10)		Ве	ginning of Current Year 7,278,147.	End of Year 8,126,553.
Net Assets or	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)			4,418,903.	5,135,587.
let /	21 22	Net assets or fund balances. Subtract line 21 from line 20			2,859,244.	2,990,966.
	art II	Signature Block			2,033,244.	2,330,300.
		ulties of perjury, I declare that I have examined this return, including accompa	nvina schedule:	s and stateme	nts, and to the hest of my	knowledge and belief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all ir			· · · · · · · · · · · · · · · · · · ·	knowledge and boller, it is
	,, 0000	And sompton posturation of property (early mail early to based on an in		non proparor		
Sig	ın	Signature of officer			Date	
He		▶ BRAD BORST , PRESIDENT				
	. •	Type or print name and title				
		Print/Type preparer's name Preparer's signatu	ure		Date Check	PTIN
Pai	d	DEBBIE OUELLETTE DEBBIE OU		⊑ 0	3/02/21 if self-employ	ed P00174388
Pre	parer	Firm's name NEWLAND AND COMPANY, PC				**-***3198
	Only	Firm's address PO BOX 3006				
_		BUTTE, MT 59702-3006			Phone no. 40	6-494-4754
Ma	y the II	RS discuss this return with the preparer shown above? (see instructi	ons)			X Yes No

Pa	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 \$690,166. including grants of \$) (Revenue \$)
	ACQUISITION OF PRIVATE LANDS IN DESIGNATED AND POTENTIAL WILDERNESS
	AREAS FROM WILLING SELLERS AND TRANSFER OF THOSE LANDS TO PUBLIC
	OWNERSHIP SO THAT ALL GENERATIONS OF AMERICANS WILL ENJOY AN ENDURING
	SOURCE OF WILDERNESS. DURING THE FISCAL YEAR ENDED JUNE 30, 2020, THE
	WILDERNESS LAND TRUST PURCHASED SEVEN PROPERTIES IN ARIZONA,
	CALIFORNIA, COLORADO, NEW MEXICO AND WASHINGTON FOR A TOTAL OF 1,495.23
	ACRES, AND TRANSFERRED THREE PROPERTIES IN CALIFORNIA AND COLORADO TOTALING 354.4 ACRES. CURRENTLY, THE TRUST IS ACTIVE IN ALASKA,
	ARIZONA, CALIFORNIA, COLORADO, NEVADA, NEW MEXICO, OREGON, AND
	WASHINGTON ON 29 ACTIVE PROJECTS TOTALING 6,303.37 ACRES. DURING ITS
	29-YEAR HISTORY, THE TRUST HAS PERMANENTLY PROTECTED 52,726 ACRES AND HELPED COMPLETE 17 DESIGNATED WILDERNESS AREAS BY REMOVING THE LAST
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$) N/A
	IV/ A
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	N/A
	_··
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program contino expenses 690 166.

Form 990 (2019) 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	4		
	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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	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		7.7	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			3,7
	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		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			₹.
40	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	446		x
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
16		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	

Form 990 (2019) 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	4		\ _{3,7}
	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	N		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		v	
	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 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 lines 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV	29	Х	125
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	- 21	
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
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			
	Part V, line 1	34		x
35 a	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 in 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 in 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 000	

Form 990 (2019) 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	4	<u>L</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
	, , , , , , , , , , , , , , , , , , , ,			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			3,7
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country		+- (FDAD)			
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Activities the approximation of particles a production of production of productions and production of productions and productions are producted to a production of productions and productions are producted to a production of productions and productions are producted to a production of productions and productions are producted to a production of productions and productions are producted to a production of productions and productions are producted to a production of production of productions are producted to a production of productions are producted to a production of productions are producted to a production of pro			E		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			00		
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			1		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a		X
b	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	as req	uired			l
	to file Form 8282?		Т	7c		<u> X</u>
	If "Yes," indicate the number of Forms 8282 filed during the year					37
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		:t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file.		200 oo roquirod?	7f 7g		X
	If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			79 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7		
	sponsoring organization have excess business holdings at any time during the year?	. Dy		8		
9	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?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		4		
11	Section 501(c)(12) organizations. Enter:	1.	I			
	Gross income from members or shareholders	11a		4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	2	12		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		12		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ILD		1		
	Is the organization licensed to issue qualified health plans in more than one state?			13:		
	Note: 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	13b				
С	Enter the amount of reserves on hand	13c				
				148	<u> </u>	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14)	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					,,
	excess parachute payment(s) during the year?			15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	t inne	ma?	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	LITICO	ne?	16		
	ii res, complete runn 4720, sonedule o.			F.	990	(0040)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 14			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	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 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	├		
Ū	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	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
7a		7-		x
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		<u> </u>
b		7		x
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
566	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	l Na
10-	Did the exemination have lead chapters branches as affiliates?	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b		10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? 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		I I I a	25	
		12a	Х	
12a b		12b	X	
		120	25	
С		12c	Х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
		14	25	
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?	450	Х	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	22	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
Ioa		160		х
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16h		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b	l	
	List the states with which a copy of this Form 990 is required to be filed ►AZ , CA , WA , CO			
17 10	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availa	hlc
18		orily)	avallä	NIC
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain on Schedule O)	fire e ··	nia!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	iinan	Jial	
00	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 11697, BAINBRIDGE ISLAND, WA 98110			

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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 directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	Jiga	IIIZa		C)	прсі	isan	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box,	, unles	ss per	rson i	is bot	n an	compensation	compensation	amount of
	week (list any					T	100,	from the	from related organizations	other compensation
	hours for	direc.				, p		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		loyee	comp			707	and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JIM BLOMQUIST	1.00	뜨	드	101	포	王吉	윤			
DIRECTOR	0.00	Х						0.	0.	0.
(2) DANNA BOWERS	1.00						7	10	_	-
DIRECTOR	0.00	Х						0.	0.	0.
(3) CRAIG GROVES	1.00					1				
DIRECTOR	0.00	X						0.	0.	0.
(4) BILL POPE	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(5) ZACK PORTER	1.00								_	_
DIRECTOR	0.00	Х				_		0.	0.	0.
(6) SARAH CHASE SHAW	1.00									
DIRECTOR	0.00	Х				├		0.	0.	0.
(7) DOUG SCOTT	1.00	7.7						0.	0.	_
(8) PAUL TORRENCE	1.00	Х				┢		0.	0.	0.
DIRECTOR	0.00	Х						0.	0.	0.
(9) MARK TRAUTWEIN	1.00	21				\vdash				•
DIRECTOR	0.00	х						0.	0.	0.
(10) JACQUELINE VAN DINE	1.00									<u> </u>
DIRECTOR	0.00	Х						0.	0.	0.
(11) JON MULFORD	1.00									
DIRECTOR- EMERITUS	0.00	Х						0.	0.	0.
(12) DENISE SCHLENER	2.00									
CHAIR	0.00	Х		Х				0.	0.	0.
(13) KAREN FISHER	2.00								_	_
VICE CHAIR/TREASURER	0.00	Х		Х		<u> </u>		0.	0.	0.
(14) ANDY WIESSNER	2.00									
SECRETARY (45) PRINT PORT	0.00	X		Х		_	-	0.	0.	0.
(15) BRAD BORST	40.00			v				107 004	_	01 176
PRESIDENT	0.00		\vdash	Х		\vdash	-	107,804.	0.	21,176.
			\vdash			\vdash				
	l		-					I.	l .	000

932007 01-20-20 Form **990** (2019)

Section A. Officers, Directo	rs, Trustees, Key Emp	oloyeد	es,	and	Hig	jhes	t Co	ompensated Employee	s (continued)			
(A)	(B)			(C	;)			(D)	(E)		(F)	
Name and title	Average	(40 4		Posit				Reportable	Reportable		Estimated	
	hours per	box,	unles	neck m ss pers	son is	both	an an	compensation	compensation		amoun	t of
	week	office	er an	d a dire	ector	r/trust	tee)	from	from related		othe	r
	(list any	ector						the	organizations		compens	
	hours for	or dir	e e			ated		organization	(W-2/1099-MISC)	from t	
	related organizations	stee	truste			pens		(W-2/1099-MISC)			organiza	
	below	lal tr	ional		ploye	t com ee					and rela	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	LIOUS
	,	트	트	0	*	Ξē	R.			+		
		1										
		\vdash	\dashv	\dashv	\dashv					+		
		-										
		+	-							+		
		-										
		\vdash	\dashv	-	\dashv					+		
		-										
		\vdash	_							-		
		4							•	< N	1	
		\vdash	_	_	_				-	. 71		
		.) []		
		\sqcup	_		_				7()7	<u> </u>		
		.							1			
		\sqcup			_					\bot		
]						- 11				
					_		_					
]										
										\perp		
1b Subtotal				(107,804.).	21,1	<u> 76.</u>
c Total from continuation sheets to	Part VII, Section A	4		/K		!		0.).		0.
d Total (add lines 1b and 1c)				<u>)</u>	<u></u>			107,804.	().	21,1	<u> 76.</u>
2 Total number of individuals (including							o re	ceived more than \$100,	000 of reportable			
compensation from the organization	n 🕨											1
•										_	Yes	No
3 Did the organization list any former	r officer, director, trust	ee, ke	еу е	mplo	yee	e, or	higl	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedul	e J for such individual									. L	3	X
4 For any individual listed on line 1a,												
and related organizations greater th	nan \$150,000? If "Yes.	" con	nple	ete So	che	dule	J fo	or such individual		L	4	X
5 Did any person listed on line 1a rec												
rendered to the organization? If "Ye	es." complete Schedule	e J fo	r su	ch p	ersc	on .					5	X
Section B. Independent Contractors											•	
Complete this table for your five high	hest compensated inc	lepen	nden	nt cor	ntra	ctor	s th	at received more than \$	100,000 of compe	nsatio	n from	
the organization. Report compensa												
-	(A)							(B)			(C)	
Name and b	ousiness address	NO	NE	3				Description of s	ervices	Cor	mpensati	on
-							\dashv					
2 Total number of independent contra	actors (including but n	ot lim	ited	l to th	hos	e lie	ted	ahove) who received m	ore than			
\$100,000 of compensation from the		JC 11111	ıı. c u	ו נט נו	0		.eu	above, who received ill	JIC IIIaii			
φτου,σου οι compensation from the	organización 🚩				J						990	(0010)

-*<u>2823</u>

			Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
			Check ii Gonedale o Gontains a response e	n note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
(0 (0	_	_	Forderstand communication 4.0					300000113 0 12 0 1 1
ants Ints	1		Federated campaigns 1a					
S of			Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c					
			Related organizations 1d					
S,			Government grants (contributions) 1e					
ţi		f	All other contributions, gifts, grants, and					
ag H				954,508.				
d d		g	Noncash contributions included in lines 1a-1f 1g \$	252,950.				
a S		h	Total. Add lines 1a-1f		954,508.			
				Business Code				
ø.	2	а						
Š		b						
Sel		С						
am Sve		d						
green Re		_						
Program Service Revenue		f	All other program service revenue					
	3	y						
	3		Investment income (including dividends, interes		18,516.			18,516.
			other similar amounts)		10,310.			10,510.
	4		Income from investment of tax-exempt bond pr					
	5		Royalties		4.4			
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a 17,500.					
		b	Less: rental expenses 6b 0 •					
		С	Rental income or (loss) 6c 17,500.					
		d	Net rental income or (loss)		17,500.	17,500.		
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 4,166.	820,000.				
		b	Less: cost or other basis					
ē			and sales expenses 7b 4,345.	793,593.				
enr		С	Gain or (loss) 7c -179.	26,407.				
her Revenue			Net gain or (loss)		26,228.	26,228.		
౼			Gross income from fundraising events (not					
O C	Ü	u	including \$ of					
٥			contributions reported on line 1c). See					
			·					
			Part IV, line 18					
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	·····				
	9	а	Gross income from gaming activities. See					
			Part IV, line 199a					
		b	Less: direct expenses9b					
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory					
				Business Code				
Snc	11	а	EXPENSE REIMBURSEMENTS	900099	15,900.	15,900.		
Miscellaneous Revenue	-	b			,	•		
ella		c						
Sce			All other revenue					
Σ			Total. Add lines 11a-11d		15,900.			
	12		Total revenue See instructions		1.032.652.	59 628.	0.	18 516.

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).

secti	ion 501(c)(3) and 501(c)(4) organizations must comp			прівів соійтіп (А).	
	Check if Schedule O contains a respon		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising 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,				
	trustees, and key employees	123,975.	91,742.	8,678.	23,555.
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	243,622.	180,280.	17,054.	46,288.
8	Pension plan accruals and contributions (include	, -	,		
-	section 401(k) and 403(b) employer contributions)	49,249.	36,444.	3,448.	9,357.
9	Other employee benefits	, , , , , , , , , , , , , , , , , , , ,	.,		
10	Payroll taxes	27,955.	20,687.	1,957.	5,311.
11	Fees for services (nonemployees):	, , , , , , ,	.,	7	-,
	Management				
b	Legal	36,987.		36,987.	
	Accounting		*10,	00,000	
	Lobbying	12,120.	12,120.		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		1		
g					
9	column (A) amount, list line 11g expenses on Sch 0.)	83,526.	83,526.		
12	Advertising and promotion	11,924.	, -	2,385.	9,539.
13	Office expenses	23,674.	15,691.	1,731.	6,252.
14	Information technology	9,158.	3,771.	357.	5,030.
15	Royalties	,	.,		
16	Occupancy	9,872.	7,305.	691.	1,876.
17	Travel	49,162.	36,380.	3,441.	9,341.
18	Payments of travel or entertainment expenses	,	,	,	. ,
.5	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	32,230.	17,240.	10,563.	4,427.
20	Interest	34,716.	34,716.	.,	-,
21	Payments to affiliates	, •	,		
22	Depreciation, depletion, and amortization	2,228.	1,649.	156.	423.
23	Insurance	7,372.	5,455.	516.	1,401.
24	Other expenses. Itemize expenses not covered	, - : = -	, ====	1=11	, =
	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.)				
а	APPRAISALS AND SURVEYS	71,223.	71,223.	0.	0.
b	CLOSING FEES AND TRANSA	55,386.	55,386.	0.	0.
С	PROPERTY TAXES	16,076.	16,076.	0.	0.
d	REHABILITATION COSTS	475.	475.	0.	0.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	900,930.	690,166.	87,964.	122,800.
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				
	· — · · · · · · · · · · · · · · · · · ·				Earm 990 (2010)

Form 990 (2019)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			311,739.	1	66,720.
	2	Savings and temporary cash investments			2,410,194.	2	2,663,826.
	3	Pledges and grants receivable, net			50,000.	3	
	4	Accounts receivable, net			225.	4	4,700.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described		6			
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		8			
٩	9	Prepaid expenses and deferred charges			7,345.	9	40,630.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation			720.	10c	3,020.
	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	4 407 024	14	E 247 657		
	15	Other assets. See Part IV, line 11			4,497,924. 7,278,147.	15	5,347,657. 8,126,553.
	16 17	Total assets. Add lines 1 through 15 (must equ	11,825.	16 17	27,052.		
	18	Accounts payable and accrued expenses Grants payable	11,025.	18	27,0321		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
w	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
abil		controlled entity or family member of any of the	se pers	ons	10,000.	22	10,000.
Ï	23	Secured mortgages and notes payable to unrela	ated thi	rd parties	2,687,500.	23	2,131,500.
	24	Unsecured notes and loans payable to unrelated	d third	oarties	110,000.	24	92,957.
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	. Complete Part X			
		of Schedule D			1,599,578.	25	2,874,078.
	26	Total liabilities. Add lines 17 through 25			4,418,903.	26	5,135,587.
w		Organizations that follow FASB ASC 958, che	ck her	e ▶ X			
Š		and complete lines 27, 28, 32, and 33.			1 100 456		025 257
alaı	27				1,180,456. 1,678,788.	27	925,257. 2,065,709.
Ö	28				1,070,700.	28	2,005,709.
Ë		Organizations that do not follow FASB ASC 9	58, CN	eck nere			
٥	200	and complete lines 29 through 33.				20	
ets	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed			29 30		
\ss(31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32			or other funds	2,859,244.	32	2,990,966.
Ž	33				7,278,147.	33	8,126,553.
		Total habilities and not assets/fully balafices .			., 0 , _ 1 , 1 , 6	_ 55	0,220,3331

Form 990 (2019)

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	1	,03	2,6	<u>52.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		90	0,9	30.
3	Revenue less expenses. Subtract line 2 from line 1	3		13	1,7	22.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,85	9,2	44.
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	2	,99	0,9	<u>66.</u>
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			4		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:		1			
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	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?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	tik			1
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	lit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

THE WILDERNESS LAND TRUST

-2823

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

Pa	rt I	Reason for Public (Charity Status eta	All organizations must co	omplete th	is part.) Se	e instructions.	
he	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1	Ŭ.	A church, convention of chu	•	•	•	,	I)(A)(i).	
2	Ħ	A school described in secti	•				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3	H	A hospital or a cooperative		•			i)	
<u>ح</u>	H		•				•	the hespital's name
4	ш	A medical research organiza	ation operated in cor	ijunction with a nospital	uescribeu	III Sectio	11 170(b)(1)(A)(iii). Enter	the nospital s name,
_		city, and state:						
5		An organization operated for		lege or university owner	or operate	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6	Ш	A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that normal	lly receives a substar	ntial part of its support fi	om a gove	ernmental	unit or from the general إ	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	d in section 170(b)(1)(A)(vi). (Complete Par	t II.)			. 1
9		An agricultural research org				ed in coniu	inction with a land-grant	college
		or university or a non-land-g				-	-	
		university:	ram comogo or agrici					
10		An organization that normal	lly receives: (1) more	than 22 1/20/ of its supp	oort from o	ontributio	ne membership foce an	nd gross receipts from
10		•	• • • • • • • • • • • • • • • • • • • •	• •				
		activities related to its exem						
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	•		4.1			
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that of	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to rec	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting
		organization. You must c						•
h		Type II. A supporting org		*	ion with its	s supporte	ed organization(s) by hav	vina .
-		control or management of						
					arric perso	iis triat coi	Titlor of manage the supp	Jorted
_		organization(s). You mus			:			مالاند. الم
С		Type III functionally inte					• •	ed with,
		its supported organization						
d		Type III non-functionally	•					• ,
		that is not functionally inte	-		•		•	veness
	_	requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		□ Check this box if the orga	inization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	r the number of supported o	rganizations					
g		ride the following information						
	() Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

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

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

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	880,043.	1284079.	856,395.	789,824.	954,508.	4764849.
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						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	880,043.	1284079.	856,395.	789,824.	954,508.	4764849.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						4
	supported organization) included					•	1
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1048270.
	Public support. Subtract line 5 from line 4.						3716579.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	880,043.	1284079.	856,395.	789,824.	954,508.	4764849.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			10 000		40 =46	60 -0-
	and income from similar sources	3,527.	4,243.	12,262.	24,987.	18,516.	63,535.
9	Net income from unrelated business		GV				
	activities, whether or not the	1.0					
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						4828384.
	Total support. Add lines 7 through 10		,			40	4020304.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for				-		. □
Sec	organization, check this box and stop ction C. Computation of Publi						
	Public support percentage for 2019 (li			olumn (fl)		14	76.97 %
	Public support percentage from 2018					15	75.98 %
	33 1/3% support test - 2019. If the co						
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization quali	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac-	-					
	meets the "facts-and-circumstances"					-	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	e "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the)
	organization meets the "facts-and-circ	umstances" test.	Γhe organization q	ualifies as a public	ly supported orgar	nization	>
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	· >

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	ciow, picase comp	oloto i urt ii.j				
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,		, ,			,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						1
3	furnished by a governmental unit to						1
	the organization without charge						N
_	· · · · · · · · · · · · · · · · · · ·					AV	
	Total. Add lines 1 through 5						
7 6	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that				\\\		
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			711) ·		
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		OK)	•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	1.0	97	` ,			. ,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
•	(less section 511 taxes) from businesses	•					
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
•	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					- 504(-)(0)	
14	First five years. If the Form 990 is for	· ·		, ,	,	()()	· —
Sa	check this box and stop here ction C. Computation of Publi	c Support Per	centage				P
	Public support percentage for 2019 (I			column (fl)		15	%
	Public support percentage from 2018					16	<u>%</u>
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20		<u>_</u>	ine 13 column (f))		17	%
	Investment income percentage from					18	
	a 33 1/3% support tests - 2019. If the						
.00	more than 33 1/3%, check this box ar						▶ □
ŀ	o 33 1/3% support tests - 2018. If the		-	•	•		
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 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
	1		
	2		
	За		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0		
	9a		
	9b		
	- JD		
	9с		
	10a		
	10b		
n 9	90 or 99	0-EZ)	2019

Par	Part IV Supporting Organizations (continued)			
			Yes	No
11	1 Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	b A family member of a person described in (a) above?	11b		
С	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part V	/I. 11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	1 Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	2 Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ection C. Type II Supporting Organizations	$-\kappa$	I	
			Yes	No
1	. , ,			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Seci	ection D. All Type III Supporting Organizations		T.,	Γ
			Yes	No
1				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the price			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	·		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI h			
	the organization maintained a close and continuous working relationship with the supported organization(s).	ow 2		
3				
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ection E. Type III Functionally Integrated Supporting Organizations			
1		ee instructions).		
а		•		
b				
С		nt entity (see instructions).	
2	· · · · · ·		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	,		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3				
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of ea	ich		

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

3b

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orgai	nizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on	Nov. 20, 1970 (explain in P	art VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must	complete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	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 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrat	ed Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	^{'t V} Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _(continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			14
b	From 2015			•
c	From 2016			
d	From 2017			
<u>e</u>	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
<u>i_</u>	Carryover from 2014 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
<u> </u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
<u>8</u>	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018 Excess from 2019			
_				

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization

Employer identification number

THE WILDERNESS LAND TRUST **-***2823 Organization type (check one): Filers of: Section:

Form 990	or 990-EZ	X	501(c)(3) (enter number) organization
			4947(a)(1) nonexempt charitable trust not treated as a private foundation
			527 polit	ical organization
Form 990	-PF		501(c)(3)	exempt private foundation
			4947(a)(1) nonexempt charitable trust treated as a private foundation
			501(c)(3)	taxable private foundation
Check if y	our organization is	covere	d by the	General Rule or a Special Rule.
Note: On	ly a section 501(c)(7	7), (8), c	or (10) org	ganization can check boxes for both the General Rule and a Special Rule. See instructions.
General I	Rule			
	For an organization	filing F	orm 990,	, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or
Special F		one cor	ntributor.	Complete Parts I and II. See instructions for determining a contributor's total contributions.
X	F	الندم ما ما ما	! !	tion FOMANO filling Four COO or COO F7 that was the COO 1/00/ average that of the way detices and as
				ction 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under /i), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
;		, during	g the yea	r, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
)p.o	
				ction 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the
				an \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the animals. Complete Parts I, II, and III.
	For an organization	describ	bed in se	ction 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the
			,	eligious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box
				tributions that were received during the year for an exclusively religious, charitable, etc., eparts unless the General Rule applies to this organization because it received nonexclusively
				ons totaling \$5,000 or more during the year \$\bigs\tag{\text{\text{onstrein}}} \bigs\text{\text{\text{binexclusively}}}

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

THE WILDERNESS LAND TRUST

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	MERLIN FOUNDATION 545 PEARL ST BOULDER , CO 80302	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	WYSS FOUNDATION 1601 CONNECTICUT AVE. NW, STE 800 WASHINGTON, DC 20009	\$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE CONSERVATION ALLIANCE PO BOX 1275 BEND, OR 97709	\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GLADYS AND ROLAND HARRIMAN FOUNDATION 140 BROADWAY FL 4 NEW YORK, NY 10005	\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	RESOURCES LEGACY FOUNDATION 555 CAPITAL MALL STE 675 SACREMENTO, CA 95814	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ISLANDS FUND C/O JOHN MUNN 6523 CALIFORNIA AVE SEATTLE, WA 98136	\$ <u>40,000</u> .	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	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DAVID LORING DUVENECK AND MARTHA FLEETWOOD TRUST 915 MADISON ST MONTEREY, CA 93940	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	PETER NASON DUVENECK TRUST 12233 DEER MOUNTAIN BLVD KAMAS , UT 84036	\$ <u>115,000.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MARY L WATKINS LIVING TRUST 12233 DEER MOUNTAIN BLVD KAMAS , UT 84036	\$ 22,950.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE WILDERNESS LAND TRUST

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	LAND		
		\$\$	12/20/19
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
arti	LAND		1
8			
			() 7
		\$ <u>115,000.</u>	12/20/19
			•
(a)	4.5	(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
	LAND		
9	0.0		
		00.050	10/00/10
		\$\$22,950.	12/23/19
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(See instructions.)	
		\$	
		Ψ	
(a)		()	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		,	
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
. 41.1			
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) 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 (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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

ZU IS

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► 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) organizar	tions: Complete Part III.			
Name of organization	•		Em	ployer identification number
	DERNESS LAND TRUS			**-***2823
Part I-A Complete if the org	ganization is exempt unde	er section 501(c) o	or is a section 527 o	organization.
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campa 	tures		>	\$
Part I-B Complete if the ord	ganization is exempt unde	er section 501(c)(3	3).) \
1 Enter the amount of any excise tax	•			· \$
2 Enter the amount of any excise tax	, 0		- 1	\$
3 If the organization incurred a section 4a Was a correction made? b If "Yes." describe in Part IV.	on 4955 tax, did it file Form 4720	for this year?		Yes No
Part I-C Complete if the org	ganization is exempt unde	er section 501(c),	except section 501	(c)(3).
 2 Enter the amount of the filing organ exempt function activities 3 Total exempt function expenditures line 17b 4 Did the filing organization file Form 5 Enter the names, addresses and en made payments. For each organization contributions received that were prepolitical action committee (PAC). If 	s. Add lines 1 and 2. Enter here and 1120-POL for this year? In 1120-POL for this year? In ployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a	nd on Form 1120-POL, I) of all section 527 pol I from the filing organiz separate political orga	itical organizations to whation's funds. Also enterminization, such as a separ	\$ Yes No ich the filing organization the amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

	m 990 or 990-EZ) 2019						**2823 Page 2
	complete if the org	janization	is exem	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
S	ection 501(h)).						
A Check 🕨 📙	if the filing organiza	ation belongs	to an affili	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	expenses, and sha		, ,	. ,			
B Check ▶ L	if the filing organiza	ation checked	d box A an	d "limited control" pro	visions apply.		
		its on Lobby ditures" mea	•	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobby	ying expenditures to infl	uence public	opinion (g	rassroots lobbying)			
b Total lobby	ying expenditures to infl	uence a legis	lative bod	y (direct lobbying)		12,120.	
c Total lobby	ying expenditures (add li	ines 1a and 1	1b)			12,120.	
d Other exer	npt purpose expenditure	es				888,810.	
e Total exem	npt purpose expenditure	es (add lines	1c and 1d)			900,930.	
f Lobbying r	nontaxable amount. Ent	er the amour	nt from the	following table in both	columns.	160,140.	
If the amou	nt on line 1e, column (a) c	or (b) is:	The lobi	bying nontaxable amo	ount is:		
Not over \$	500,000		20% of t	he amount on line 1e.			
Over \$500	,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,00	00,000 but not over \$1,5	500,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		4
Over \$1,50	00,000 but not over \$17	,000,000	\$225,00	0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,0	000,000		\$1,000,0	000.		•	
g Grassroots	s nontaxable amount (er	nter 25% of li	ne 1f)			40,035.	
h Subtract li	ne 1g from line 1a. If zer	o or less, en	ter -0			0.	
	ne 1f from line 1c. If zero	,				0.	
j If there is a	an amount other than ze	ero on either l	ine 1h or li	ine 1i, did the organiza	tion file Form 4720	_	
reporting s	section 4911 tax for this	year?					Yes No
	(Some organizations t	hat made a s See t	section 50 the separa	ate instructions for lin	ave to complete all o es 2a through 2f.)	of the five columns be	low.
		Lobby	ing Expen	ditures During 4-Yea	r Averaging Period		
	endar year rear beginning in)	(a) 20	016	(b) 2017	(c) 2018	(d) 2019	(e) Total
	nontaxable amount	172	,037.	121,504.	113,876.	160,140.	567,557.
	ceiling amount ne 2a, column(e))						851,336.
	ving expenditures	12	,132.	12,120.	12,120.	12,120.	48,492.

30,376.

43,009.

Schedule C (Form 990 or 990-EZ) 2019

141,889.

212,834.

40,035.

28,469.

d Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2019 THE WILDERNESS LAND TRUST **-***28 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)).

Eor each '	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)	
	pying activity.	Yes	No	Amount	
1 Duri	ng the year, did the filing organization attempt to influence foreign, national, state, or				
loca	l legislation, including any attempt to influence public opinion on a legislative matter				
or re	eferendum, through the use of:				
a Volu	inteers?				
	staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Med	dia advertisements?				
d Mai	ings to members, legislators, or the public?				
	lications, or published or broadcast statements?				
f Gra	nts to other organizations for lobbying purposes?				
	ct contact with legislators, their staffs, government officials, or a legislative body?				
	les, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	er activities?				
i Tota	al. Add lines 1c through 1i			. 1	
	the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	es," enter the amount of any tax incurred under section 4912			1	
	es," enter the amount of any tax incurred by organization managers under section 4912				
	e filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-		n 501(c)(5), or sec	tion	
	501(c)(6).		,,		
				Yes No	
1 Wer	e substantially all (90% or more) dues received nondeductible by members?		1		
	the organization make only in-house lobbying expenditures of \$2,000 or less?				
	the organization make only irribuse lobbying experiations of \$2,000 or less. the organization agree to carry over lobbying and political campaign activity expenditures from the				
Part III-	B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '		•		
	answered "Yes."			,	
1 Due	s, assessments and similar amounts from members		1		
	s, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic		···· <u>'</u>		
	enses for which the section 527(f) tax was paid).	aı			
-			20		
	rent year				
	yover from last year		•		
	al		2c		
	· · · · · · · · · · · · · · · · · · ·		3		
	tices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	s the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	oliticai			
	enditure next year?		4		
5 lax	able amount of lobbying and political expenditures (see instructions) Supplemental Information		5		
	• • •			1.2./	
	e descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (see	
	ns); and Part II-B, line 1. Also, complete this part for any additional information.				
SCHED	ULE C, PART IV, ADDITIONAL INFORMATION				
WASHI	NGTON DC LOBBYIST AND THE PRESIDENT OF THE WILDER	NESS I	LAND T	RUST MADE	
DIREC	T CONTACT WITH LEGISLATIVE STAFF AND MEMBERS TO E	DUCATE	THEM	ON THE	
NEED	FOR APPROPRIATIONS FROM THE LAND AND WATER CONSER	VATIO	I FUND	FOR THE	
ACQUI	SITION 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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE WILDERNESS LAND TRUST

Employer identification number **-***2823

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(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 v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring
D :			
Pai	301110101111111111111111111111111111111		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreated		f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		COV
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.	•	Held at the End of the Tax Year
а	Total number of conservation easements		<u>2</u> a
b			<u>2</u> b
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year -	and in least of N	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		□ v _{ee} □ v _e
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and emorcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing concerns	ation aggements during the year
′	S S	illing of violations, and emorcing conserva	dion easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(b)(4)(B)(i)
Ü			
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	
Ū	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.	oto to the organization o midnolal statem	onto that describes the
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther 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 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	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 treat		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
b	Assets included in Form 990, Part X		

	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or	Other S	Similar As	sets (cont	inued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that n	nake sign	nificant use of	,	
	collection items (check all that apply):		•	· ·	· ·			
а	Public exhibition	d	Loan or exc	hange program	า			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization	's exemp	t purpose in	Part XIII.	
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	sures, or other	similar as	ssets		
	to be sold to raise funds rather than to be ma						Yes	☐ No
Pai	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Y	es" on Fo	orm 990, Par	t IV, line 9, c	or
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other asset	ts not inc	cluded		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:					
							Amou	nt
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ıstodial accour	nt liability	?	Yes	No
	If "Yes," explain the arrangement in Part XIII.							
Pai	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	rm 990, Part IV	/, line 10.	• () \		
		(a) Current year	(b) Prior year	(c) Two years		I) Three years I		ur years back
1a	Beginning of year balance	1,981,788.	1,518,736.	1,812,		1,446,1	.68.	L,116,761.
b	Contributions	344,482.	641,628.	328,	656.	812,1	.26.	406,357.
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	260,561.	178,576.	622,	167.	446,0	147.	76,950.
f	Administrative expenses							
g	End of year balance	2,065,709.	1,981,788.	1,518,	736.	1,812,2	247.	L,446,168.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment >	%						
С	Term endowment ► 100.00	%						
	The percentages on lines 2a, 2b, and 2c show							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered	d for the	organization		
	by:							Yes No
	(i) Unrelated organizations							
	(ii) Related organizations						3a(ii) X
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		wment funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answered						1	
	Description of property	(a) Cost or of basis (investment)	` '	or other (other)		umulated eciation	(d) Bo	ok value
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment	I	1	0,990.		7,970.		3,020.
	Other							
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	X. column (B), line 1	0c.))		3,020.

Schedule D (Form 990) 2019 THE WILDERNI	ESS LAND TRUS	т *:	*-***2823 Page
Part VII Investments - Other Securities.	100 11100	-	rage
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1)			
(2)			\sim
(3)			U)
(4)			
(5)			
(6)		1	
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" of	on Form 000 Part IV line	11d Con Form 000 Dort V line 15	
	Description	Tru. See Form 990, Part X, line 15.	(b) Book value
			5,344,657
(1) LAND AVAILABLE FOR SALE OF (2) EARNEST MONEY DEPOSITS	DONALION		3,000
(3)			3,000
(4)			+
(5)			+
(6)			1
(7)			1
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	. 15)		5,347,657
Part X Other Liabilities.	<u></u>		
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X. line 25	5.
(a) Description of liability	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	(b) Rook value

(1) Federal income taxes 685,747. LAND ACQUISITION REVOLVING FUND ASSETS HELD FOR 3RD PARTIES -(3) 2,188,331. NONCASH (4) (5) (6) (7) (8) (9) 2,874,078. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

	rt XI Reconciliation of Revenue per Audited Financial State	nents With Rev	venue per Return.	rugo
	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	1,032,652.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		•
е	Add lines 2a through 2d			1 022 (52
3	Subtract line 2e from line 1		3	1,032,652.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.) Add lines 4a and 4b		10	0
с 5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,032,652.
	rt XII Reconciliation of Expenses per Audited Financial State	ments With Ex	penses per Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	T		1	900,930.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		-	. 1
а	Donated services and use of facilities	2a		
b	Prior year adjustments)]
С	Other losses	1 _ 1		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1	A	3	900,930.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			•
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			900,930.
Par	rt XIII Supplemental Information.			
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and	2b; Part V, line 4; Part X	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional information	on.	
PAF	RT V, LINE 4 - INTENDED USES FOR ENDOWMEN	T FUNDS		
DOI	NOR RESTRICTED ENDOWMENT: AMOUNTS ARE SPE	NT IN ACC	DRDANCE WITH	DONORS .
D 17 C	CMD T CMTONG			
RES	STRICTIONS.			
BO7	ARD-DESIGNATED ENDOWMENT: INCLUDES \$160,9	70 FOD T.T	ייייד. בי מוליידי בי	Γ. λ Γ . Γ .
БОР	THE CHARLED ENDOWMENT. INCHOOLS \$100,9	13 FOR HI.	TIDE CASIDE !	UANE
OPF	ERATING COSTS, \$53,000 FOR A LEGAL DEFENS	E FIIND A	JD \$10 000 F0	OR A LAND
<u> </u>	Interior Copie, 400,000 Lon II Elem Bli lin	<u> </u>	ND \$10,000 1	<u> </u>
STE	EWARDSHIP FUND.			
PAF	RT X - FIN 48 FOOTNOTE			
THE	E TRUST IS EXEMPT FROM FEDERAL AND STATE	INCOME TAX	KES UNDER TH	E
PRC	OVISIONS OF INTERNAL REVENUE CODE SECTION	r 501 (C)	(3). ACCORDII	NGLY, NO
				
PRC	OVISION OR LIABILITY FOR INCOME TAXES HAS	BEEN PRO	/IDED IN THE	

ACCOMPANYING FINANCIAL STATEMENTS.

SCHEDULE L

(Form 990 or 990-EZ)

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

Inspection

2019 Open To Public

Name of the organization

Department of the Treasury

Internal Revenue Service

THE WILDERNESS LAND TRUST

Employer identification number

-*2823

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved (a) Name of (d) Loan to or (i) Written (b) Relationship (c) Purpose (e) Original (g) In (f) Balance due by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No VICE CHALAND ACO KAREN FISHER Х 10.000. 10,000 Х Х Х

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization	answered "Yes" on Form 990, Pa	art IV, line 27.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2019

10,000.

Total

-*2823 Page 2 Schedule L (Form 990 or 990-EZ) 2019 THE WILDERNESS LAND TRUST Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (c) Amount of (d) Description of (a) Name of interested person (b) Relationship between interested organization's person and the organization transaction transaction revenues? Yes No Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: KAREN FISHER (B) RELATIONSHIP WITH ORGANIZATION: VICE CHAIR AND TREASURES (C) PURPOSE OF LOAN: LAND ACQUISITION SCHEDULE L, PART V - ADDITIONAL INFORMATION THE ORGANIZATION HAD AN OUTSTANDING NOTE PAYABLE TO KAREN FISHER, WHO SERVES ON THE BOARD OF DIRECTORS, IN THE AMOUNT OF \$10,000. THE PROCEEDS FROM THE NOTE ARE INCLUDED IN THE ORGANIZATION'S WILDERNESS REVOLVING LOAN FUND USED FOR LAND ACQUISITION. OPPORTUNITY FUND,

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

Name of the organization THE WILDERNESS LAND TRUST Employer identification number **-***2823

Par	t I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	3
1	Art - Works of art			, ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded				_	1		
10	Securities - Closely held stock					1		
11	Securities - Partnership, LLC, or					7		
	trust interests				~ () Y			
12	Securities - Miscellaneous				101			
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential			XIU				
16	Real estate - Commercial							
17	Real estate - Other	Х	3	252,950.	MARKET VALU	E		
18	Collectibles		00	,				
19	Food inventory							
20	Drugs and medical supplies	10	76					
21	Taxidermy	11.						
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (FORGIVEN INTE)	Х	12	14,104.	BALANCE			
26	Other)							
27	Other)							
28	Other (
29	Number of Forms 8283 received by the organization	zation during	the tax year for c	ontributions	•			
	for which the organization completed Form 82	-						
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date		*	•				
	exempt purposes for the entire holding period?	?	•	•		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	quires the review	of any nonstandard contribu	tions?	31	х	
	Does the organization hire or use third parties							
			•	, p. 20000, c. 2011 1101100011		32a	х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	/ for which column (a) is che	cked,			
-	describe in Part II.	(-)), <u> </u>	(,)	,			
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule M	l (Form	n 990)	2019

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

Schedule M (Form 990) 2019

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE WILDERNESS LAND TRUST

Employer identification number **-***2823

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 INHOLDING. FORM 990, PART VI, SECTION B, LINE 11B: A DRAFT IN PDF PRIOR TO FILING THE FORM 990, 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. SECTION B, LINE 12C: PART VI, THE CONFLICTS OF INTEREST POLICY REQUIRES OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS. THEPOLICY AND DISCLOSURE FORM ARE DISTRIBUTED AND COLLECTED ANNUALLY, AND INDIVIDUALS ARE REQUIRED TO UPDATE THE DISCLOSURE FORM THROUGHOUT THE YEAR

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

IN THE EVENT THAT POTENTIAL CONFLICTS ARISE. POTENTIAL CONFLICTS OF

INTEREST ARE REVIEWED BY THE BOARD OF DIRECTORS.

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.

Name of the organization THE WILDERNESS LAND TRUST	Employer identification number **-**2823
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 XII LINE 2C	
NO CHANGE FROM PRIOR YEAR REVIEW PROCEDURES.	
	V
	<u>-'0h,</u>
Cillo	
1.050	
- 10/10	

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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

Automa	atic 6-Month Extension of Time. Only subm	nit origina	al (no copies needed).				
•	ations required to file an income tax return other than Fo		, , , , , , , , , , , , , , , , , , , ,	s, REMICs	, and trusts		
must use	Form 7004 to request an extension of time to file income	e tax retur	ns.				
Type or	rpe or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TII)					er (TIN)	
print							
File by the	THE WILDERNESS LAND TRUST				**-***282	3	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so PO BOX 11697	ee instruct	ions.				
instructions.	City, town or post office, state, and ZIP code. For a for BAINBRIDGE ISLAND, WA 9811	. 0					
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			0 1	
Applicati	on	Return	Application	~ () \	Return	
ls For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	-BL	02	Form 1041-A			08	
	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990		04	04 Form 5227			10	
	-T (sec. 401(a) or 408(a) trust)	05				11	
Form 990	-T (trust other than above) BRAD BORST	06	Form 8870			12	
Teleph If the c	pooks are in the care of \blacktriangleright PO BOX 11697 pooks are in the care of \blacktriangleright PO BOX 11697 pooks are in the care of \blacktriangleright PO BOX 11697 pooks are in the care of \blacktriangleright PO BOX 11697 pooks are in the care of \blacktriangleright BOX 11697 pooks are in the	s in the Uni	Fax No. ▶ited States, check this box		r the whole group, c	heck this	
box ▶ [. If it is for part of the group, check this box	-			•		
the ▶[WWW 17 0001						
2 If th	ne tax year entered in line 1 is for less than 12 months, cl Change in accounting period	heck reasc	on: Initial return	Final retur	n		
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less				
any	nonrefundable credits. See instructions.			3a	\$	0.	
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
esti	mated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.	
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by			_	
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.	
Caution: instructio	If you are going to make an electronic funds withdrawalns.	(direct deb	oit) with this Form 8868, see Form 84	153-EO and	d Form 8879-EO for	payment	

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

Form 8868 (Rev. 1-2020)