

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Department of the Treasury

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 Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. 2023 and ending JUN 30, 2024 For the 2023 calendar year, or tax year beginning JUL 1, D Employer identification number Check if C Name of organization Address THE WILDERNESS LAND TRUST Name change 84-1192823 Doing business as Initial E Telephone number Room/suite Number and street (or P.O. box if mail is not delivered to street address) 206-397-5240 Final return/ PO BOX 881 termin-ated 751,421. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende return HELENA, MT 59624 H(a) Is this a group return F Name and address of principal officer: BRAD BORST Applicafor subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) If "No," attach a list. See instructions 4947(a)(1) or WWW.WILDERNESSLANDTRUST.ORG H(c) Group exemption number J Website: K Form of organization: X Corporation Trust L Year of formation: 1992 M State of legal domicile: CO Association Part I Summary Briefly describe the organization's mission or most significant activities: WE KEEP THE PROMISE OF WILDERNESS - BY ACQUIRING AND TRANSFERRING PRIVATE LANDS Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 Number of voting members of the governing body (Part VI, line 1a) 16 4 Number of independent voting members of the governing body (Part VI, line 1b) 6 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 16 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year Prior Year** 739,111. 1,782,654. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 160,724. 398,690. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 63,150. 116,660. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,244,494. 1,016,495. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 548,544. 620,187. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 766,631. 892,625. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,441,169. 1,386,818. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -424,674. 857,676. Revenue less expenses. Subtract line 18 from line 12 End of Year **Beginning of Current Year** 10,639,485. 10,538,135. 20 Total assets (Part X, line 16) 6,511,007. 7,267,333. 21 Total liabilities (Part X, line 26) let D 3,270,802. 4,128,478. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign BRAD BORST, PRESIDENT Here Type or print name and title PTIN Date Check Preparer's signature Print/Type preparer's name 01/14/25 self-employed P00174388 DEBBIE OUELLETTE DEBBIE OUELLETTE Paid Firm's EIN 81-0333198 NEWLAND AND COMPANY, Preparer Firm's name Firm's address PO BOX 3006 Use Only

BUTTE, MT 59702-3006

No

X Yes

Phone no. 406-494-4754

Par	t III Statement of Program Service Accomplishments
PARKET I	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?
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,040,914. including grants of \$) (Revenue \$)
	ACQUISITION OF PRIVATE LANDS IN DESIGNATED AND POTENTIAL WILDERNESS
	AREAS FROM WILLING SELLERS, AND THE TRANSFER OF THOSE LANDS TO PUBLIC OWNERSHIP SO THAT ALL GENERATIONS OF AMERICANS WILL ENJOY AN ENDURING
	SOURCE OF WILDERNESS. DURING THE FISCAL YEAR ENDING JUNE 30, 2024, THE
	WILDERNESS LAND TRUST ACQUIRED 45 PARCELS IN CALIFORNIA, COLORADO,
	UTAH, VIRGINIA AND WASHINGTON TOTALING 2,144 ACRES, AND TRANSFERRED 15
	PARCELS IN ALASKA, CALIFORNIA, COLORADO, IDAHO, NEW MEXICO AND
	WASHINGTON TOTALING 1,094 ACRES. CURRENTLY, THE TRUST HAS 50 ACTIVE
	PROJECTS IN ARIZONA, ALASKA, CALIFORNIA, COLORADO, NEVADA, NEW MEXICO,
	AND WASHINGTON STATE TOTALING 3,315 ACRES. DURING ITS 32-YEAR HISTORY,
	THE TRUST HAS PERMANENTLY PROTECTED 58,067 ACRES, ADDED 592 PARCELS TO
	120 WILDERNESS AREAS AND HELPED COMPLETE 17 DESIGNATED WILDERNESS AREAS
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$) N/A
	N/A
4c	(Code:) (Expenses \$) (Revenue \$)
	N/A
4d	Other program services (Describe on Schedule O.) (Ferror of Schedule O.) (Revenue \$)
	(Expenses \$ Including grants of \$ 1 0.4.0 0.1.4
4e	Total program service expenses 1,040,914.

Form 990 (2023) 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? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_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,			77
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			7.7
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	Continue.
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.	Manual Control		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_A
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44-		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		-21
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	444	Х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 le	21	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
	Schedule D, Parts XI and XII	IZa	-23	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	1-1-0		
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	14b		х
	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 or grants or other assistance to or for any	15		х
	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			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 or aggregate grants or other assistance to	16		Х
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		Х
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
18	Did the organization report more than \$15,000 total of full draining event gloss income and contributions of hard vin, into	18		Х
	1c and 8a? If "Yes," complete Schedule G, Part II	<u> </u>		
19		19		х
	complete Schedule G, Part III	20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20b		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	 -	000	(0000)

Form 990 (2023) THE WILDERNESS LAND TRUST
Part IV Checklist of Required Schedules (continued) 84-1192823 Page 4 Yes No

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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	10		
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit]		v
	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	051		v
	Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		х	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	^	
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			х
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		A CONTRACT
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):	學學所		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		Х
	"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		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		х
	"Yes," complete Schedule L, Part IV	29	Х	-22
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	- 11	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
	contributions? If "Yes," complete Schedule M	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
	Schedule N, Part II	UZ_		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_00_		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	oou		
b		35b		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
36	If "Yes," complete Schedule R, Part V, line 2	36		х
07	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
20	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 1000000		
38	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O TV Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O centains a response or note to any line in this Part V			
1000	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	The state of the s	143	100	
C	The state of the s			
·	(gambling) winnings to prize winners?	1c	X	
22000	4 12 21-23	Form	990	(2023)

Form 990 (2023) 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,	100000						
	filed for the calendar year ending with or within the year covered by this return2a	6	8.60					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	L	3a		<u>X</u>			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	ŀ	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			1				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Ļ	4a		X			
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	880			77			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	-	5b		<u>X</u>			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	-	5c					
6a			_		v			
	any contributions that were not tax deductible as charitable contributions?	+	6a		<u>X</u>			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		_					
	were not tax deductible?	1	6b					
7	Organizations that may receive deductible contributions under section 170(c).	,			Χ.			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	'	7a					
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 required	1	_		Х			
	to file Form 8282?	18	7c	50205				
d	If "Yes," indicate the number of Forms 8282 filed during the year	- 8	7-		X			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	٠	7e 7f		X			
f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	۱ -	7g 7h		X X			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		/ II	116 1915				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	10	8		TRANSCE (S)			
	sponsoring organization have excess business holdings at any time during the year?	2000			1000			
9	Sponsoring organizations maintaining donor advised funds.	ľ	9a	CHECK PURE				
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
b		THE REAL PROPERTY.						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	500000						
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-						
b 11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders	20170000						
	Gross income from other sources. (Do not net amounts due or paid to other sources against	OCE-CE-CE-CE-CE-CE-CE-CE-CE-CE-CE-CE-CE-C						
D	amounts due or received from them.)	10000						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	T	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1						
	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note: See the instructions for additional information the organization must report on Schedule O.	500000						
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							
С	Enter the amount of reserves on hand							
14a	Over the state of	-	14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	.	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	-	15	509/352540904	X			
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	.	16	Leschous	X			
	If "Yes," complete Form 4720, Schedule O.		A STATE					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	·	17		95000000			
	If "Yes," complete Form 6069.							

Form 990 (2023) THE WILDERNESS LAND TRUST 84-1192823 Page 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.	NO I	espon	Se					
	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management			122					
000	Mon A. Governing Body and Management		Yes	No					
12	Enter the number of voting members of the governing body at the end of the tax year 1a		103						
Ia	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.								
b	Enter the number of voting members included on line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
2	office and the standard and the standard of th	2	all sales es	Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
0	of officers, directors, trustees, or key employees to a management company or other person?	3		х					
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		Х					
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
, u	more members of the governing body?	7a		х					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1							
J	persons other than the governing body?	7b		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
·	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			1					
	on Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
b	Other officers or key employees of the organization	15b	Х	ENGRESSION					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a	NA CONTRACT	X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed AZ, CA, WA, CO								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	only)	availat	ole					
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finand	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	BRAD BORST - 207-397-5240								
	PO BOX 881, HELENA, MT 59624								

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate		rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week		l an	u a u	1 6010	17443		from	from related	other compensation
	(list any hours for	irect						the organization	organizations (W-2/1099-MISC/	from the
	related	e or 0	tee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mpeu		1099-NEC)	1999 11297	and related
	below	individual trustee or director	Institutional trustee	<u>.</u>	oldm	st co	ъ	,		organizations
*	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			-
(1) BRAD BORST	40.00									
PRESIDENT		X		X				122,104.	0.	9,768.
(2) JIM BLOMQUIST	1.00							700		_
DIRECTOR		X						0.	0.	0.
(3) DANNA HEBERT	1.00							_		
DIRECTOR		X						0.	0.	0.
(4) CRAIG GROVES	1.00								_	
DIRECTOR		X						0.	0.	0.
(5) BILL POPE	1.00							•	_	•
DIRECTOR		X	_		_		_	0.	0.	0.
(6) ZACK PORTER	1.00									0
DIRECTOR		X						0.	0.	0.
(7) DENISE SCHLENER	1.00							•		•
DIRECTOR		X			_	_		0.	0.	0.
(8) TRAVIS BELOTE, PHD	1.00							0		0
DIRECTOR	1 22	X			_		_	0.	0.	0.
(9) MARK TRAUTWEIN	1.00							0	0.	0.
DIRECTOR	1 00	X			_	_		0.	0.	0.
(10) JACQUELINE VAN DINE	1.00	· v						0.	0.	0.
DIRECTOR	1 00	Х				-	-	0.	0.	<u> </u>
(11) JON MULFORD	1.00	х						0.	0.	0.
DIRECTOR- EMERITUS (12) SARAH CHASE SHAW	2.00	^				_	_	0.		
	2.00	Х		Х				0.	0.	0.
CHAIR (13) KAREN FISHER	2.00	^		Λ	-	-	-	0.		
TREASURER	2.00	X		Х				0.	0.	0.
(14) ANDY WIESSNER	1.00	A	-	21	-		-			
DIRECTOR	1.00	Х						0.	0.	0.
(15) JOAOUIN MURRIETA-SALDIVAR, PHD	1.00									
DIRECTOR	1.00	x						0.	0.	0.
(16) CONNIE MYERS	1.00									
DIRECTOR		x						0.	0.	0.
(17) TORREY UDALL	2.00									
SECRETARY		x		Х				0.	0.	0.
	the second second	-	_	-	T	_	-			E 000 (0000)

Section A. Officers, Directors, Trus	tees, key Em	DIOY	ees,	and	ı mış	gnes	St C	ompensateu Employee	s (continued)	_		
(A)	(B) Average			(C	C) ition	1		(D)	(E)		(F)	d
Name and title	hours per		not c	heck r	more	than o		Reportable compensation	Reportable compensation	Estimated amount of		
	week		cer an	nd a di	irecto	r/trus	tee)	from	from related		other	
	(list any hours for	director				,		the organization	organizations (W-2/1099-MISC/		pensa om th	
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)		anizat	19
	organizations below	al trus	ional tr		ployee	comp		1099-NEC)		100000000000000000000000000000000000000	d relat anizati	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			lorga	ariizati	0115
					_					-		
		Н					_			-		
		Н										
										-		
		\vdash					_			-		
										l:		
1b Subtotal								122,104.	0.		9,7	<u>68.</u>
c Total from continuation sheets to Part VI								122,104.	0.		9,7	
d Total (add lines 1b and 1c)	ot limited to th	OSE	liste	d ab	ove) wh	o re				<i>J</i> , ,	00.
compensation from the organization	ot minica to th	000		u ub	,010	,						1
										342 0000	Yes	No
3 Did the organization list any former officer,										3		Х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su	<i>uch individual</i> im of reportabl	 e co	mpe	nsat	 tion	and	oth	ner compensation from t	he organization			
and related organizations greater than \$150										4		Х
5 Did any person listed on line 1a receive or a												77
rendered to the organization? If "Yes," com	plete Schedul	e J fo	or su	ıch r	oers	on .				5		X
Section B. Independent Contractors 1 Complete this table for your five highest co	mnoneated inc	lone	nder	at co	ntra	acto	re th	nat received more than \$	S100 000 of compens	ation fro	om	
 Complete this table for your five highest co the organization. Report compensation for 												
(A)								(B)		()	C)	_
Name and business	address	NC	ONE	<u> </u>			-	Description of s	services	Compe	risalio	
							\dashv					
							\dashv					
										eke manan	organie w	09/4/5
2 Total number of independent contractors (i		ot lin	nited	d to t	thos (ted	above) who received m	ore than			
\$100,000 of compensation from the organic	zation								WE AND	Form	990	(2023)

Form 990 (2023) THE WIL
Part VIII | Statement of Revenue

How the tes	A service of	3000 C	er note to any lin	o in this Dort VIII			
		Check if Schedule O contains a response of	or note to any lin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
			***************************************				0001101101012
nts	1 a	Federated campaigns 1a					
S a	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c					
	d	Related organizations 1d	0.40 450				
S,	е	9 ,	242,458.				
ti S Z	f	All other contributions, gifts, grants, and	- 40 405				
혈		similar amounts not included above $ 1f 1$,	540,196.				
at o	g	Noncash contributions included in lines 1a-1f	836,947.	100			
<u> 응</u>	h	Total. Add lines 1a-1f		1,782,654.			
			Business Code				
g	2 a						
Š	b						
Sel	С						
E S	d						
Beg	е						
Program Service Revenue	f	All other program service revenue					
		Total. Add lines 2a-2f					2.00 mm (1.10 mm)
	3	Investment income (including dividends, interes					
- 1	J	other similar amounts)		86,917.			86,917.
- 1	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
	5	(i) Real	(ii) Personal				
		17 500	(ii) i Gradinai				
	6 a						
		2000: Tottkar oxponedo					
				17,500.	17,500.		
		Net rental income or (loss)		17,300.	17,300.		
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	818,700.				
	b	Less: cost or other basis					
e l			506,927.				
Revenue	С	Gain or (loss)7c	311,773.		244 882		
Re	d	Net gain or (loss)		311,773.	311,773.	market de services de 1600 de 1610 parter 1810 de	
Je.	8 a	Gross income from fundraising events (not					
븅		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b					
	С	No. 1.1.					
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	10 u	and allowances10a			Service of the servic		
	h	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory		property of a section of country between the first of the country	And the second s		
	C	THE THEOTHE OF HOSS/ HOTH SAIRS OF HIVEHLOLY	Business Code				
s	44 -	EXPENSE REIMBURSEMENTS	531390	45,650.	45,650.	PRODUCE DESCRIPTION OF STREET	
e e	11 a		221370	20,000.	25,000		
Miscellaneous Revenue	b						
See	C						
Ξ̈́		All other revenue		45,650.		140000000000000000000000000000000000000	建筑器等、连连是外的客户
		Total. Add lines 11a-11d		2,244,494.	374,923.	0.	86,917.
	12	Total revenue. See instructions		4,444,434.	3/4/343.	U .	00,017.

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). X Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (**D**) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 500,015. 370,011. 35,001. 95,003. Other salaries and wages 7 Pension plan accruals and contributions (include 7,505. 29,229. 2,765. 39,499. section 401(k) and 403(b) employer contributions) 7,458. 2,748. 39,251. 29,045. 9 Other employee benefits 7,870. 2,900. 41,422. 30,652. 10 Payroll taxes Fees for services (nonemployees): 11 Management Legal 50,271. 50,271. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 165,088. 9,879. 174,967. column (A), amount, list line 11g expenses on Sch O.) 12,791. 15,986. 3,195. Advertising and promotion 12 294. 797. 4,195. 3,104. 13 Office expenses 168. 883. 653. 62. Information technology 14 Royalties 15 9,034. 855. 2,320. 12,209. Occupancy 16 12,258. 47,741. 4,517. 64,516. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 62,267. 5,890. 15,988. 84,145. Conferences, conventions, and meetings 19 27,945. 27,945. 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 7,941. 5,876. 556. 1,509. 23 Insurance 24 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e, If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 129,080. 129,080. APPRAISALS AND SURVEYS 55,957. 55,957. LAND AND EASEMENT MANAG 30,524. 30,524. BOARD EXPENSE 26,705. 26,705. d LOSS ON DISPOSITION OF 31,067. 81,307. 48,527. 1,713. e All other expenses 194,734. 1,386,818. 1,040,914. 151,170. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X | Balance Sheet

rar	t X			ž	
		Check if Schedule O contains a response or note to any line in this Part X	VA (%)(00)		(B)
			(A) Beginning of year		End of year
	1	Cash - non-interest-bearing	73,402.	1	
	2	Savings and temporary cash investments	2,002,295.	2	2,176,326.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	17,500.	4	539,941.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s,	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	9,972.	9	10,031.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 10,990.			
	b	Less: accumulated depreciation 10b 10,990.	0.	10c	0.
	11	Investments - publicly traded securities		11	
- 1	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	8,434,966.	15	7,913,187.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	10,538,135.	16	10,639,485.
	17	Accounts payable and accrued expenses	24,644.	17	42,335.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	Was experienced but with the	21	
ς l	22	Loans and other payables to any current or former officer, director,			
E		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	10,000.	22	10,000.
_	23	Secured mortgages and notes payable to unrelated third parties	3,720,000.	23	2,443,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			4 045 650
		of Schedule D	3,512,689.		4,015,672.
	26	Total liabilities. Add lines 17 through 25	7,267,333.	26	6,511,007.
		Organizations that follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.	province services and all the		600 000
au	27	Net assets without donor restrictions	780,412.	27	692,928.
Ba	28	Net assets with donor restrictions	2,490,390.	28	3,435,550.
		Organizations that do not follow FASB ASC 958, check here			
딘		and complete lines 29 through 33.			
0 0	29	Capital stock or trust principal, or current funds		29	
sei	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
AS	31	Retained earnings, endowment, accumulated income, or other funds	2 052 000	31	A 100 AEO
Sei	32	Total net assets or fund balances	3,270,802.	32	4,128,478.
	33	Total liabilities and net assets/fund balances	10,538,135.	33	10,639,485.

Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			4,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1		6,8	
3	Revenue less expenses. Subtract line 2 from line 1	3			7,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	, 27	0,8	<u>02.</u>
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	4	,12	8,4	<u>78.</u>
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a Were the organization's financial statements compiled or reviewed by an independent accountant?						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:					
	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			15 1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
_	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

THE WILDERNESS LAND TRUST

Employer identification number

84-1192823 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (vi) Amount of other (iv) Is the organization listed (v) Amount of monetary (iii) Type of organization (ii) EIN (i) Name of supported in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

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

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

Sec	tion A. Public Support	ŭ .					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						*
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			A 550 A 50 M TO SERVE TO SERVE A 10 M TO SERVE			
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
	tion B. Total Support	() 0040	(1-) 0000	(=) 0001	(d) 2022	(e) 2023	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(a) 2022	(e) 2023	(i) iotai
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				FACTOR FRANCISCO		
	Total support. Add lines 7 through 10 Gross receipts from related activities,	etc (see instruction	ne)	The second secon		12	
12	First 5 years. If the Form 990 is for the	e.c. (see mstruction)s fi	rst second third				
13	organization, check this box and stor						
Sec	tion C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	%
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2022. If the	organization did no	t check a box on l	ine 13 or 16a, and	d line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	blicly supported o	organization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and s	stop here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qua	alifies as a publicly	y supported organiz	zation	
18	Private foundation. If the organization						

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

800	qualify under the tests listed be	elow, please comp	lete Part II.)				
	tion A. Public Support	() 00/0	# \ 0000	(.) 0004	(-1) 0000	(=) 0000	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	054 500	002 525	070 611	730 111	1782654.	5258319.
	include any "unusual grants.")	954,508.	903,535.	878,511.	739,111.	1/0/034.	2420313.
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						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to		H				
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	954,508.	903,535.	878,511.	739,111.	1782654.	5258319.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)					等的是数据的类似的	5258319.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	954,508.	903,535.	878,511.	739,111.	1782654.	5258319.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	18,516.	321.	645.	39,968.	86,917.	146,367.
h	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				N		
_	Add lines 10a and 10b	18,516.	321.	645.	39,968.	86,917.	146,367.
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
40	assets (Explain in Part VI.)	973,024.	903,856.	879,156.	779,079.	1869571.	5404686.
13	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the						
14				cartif, or murtax)	,		
Se	check this box and stop here ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I			column (fl)		15	97.29 %
	Public support percentage for 2023 (in Public support percentage from 2022)					16	98.06 %
16 Se	ction D. Computation of Inves	tment Income	Percentage				
	Investment income percentage for 20			ne 13. column (fl)		17	2.71 %
						18	1.94 %
18	Investment income percentage from a 33 1/3% support tests - 2023. If the	ZUZZ Schedule A,	raitiii, iiile I/	on line 14 and line			
198	33 1/3% support tests - 2023. If the	organization did r	organization avall	fice as a publicly s	unnorted organiza	tion	X
	more than 33 1/3%, check this box are 33 1/3% support tests - 2022. If the	organization did	organization quali	line 14 or line 100	and line 16 is mo	re than 33 1/3% a	
ŀ	33 1/3% support tests - 2022. If the	organization did r	IOL CHECK & DOX OF	IIII 14 01 IIII 198	, and mie 10 is 1110		
•	11 40 1 1 00 4 000 1	-1. Alain Inc	on hore The avec	nization qualifies	e a nublicky eumoc	rted organization	
	line 18 is not more than 33 1/3%, che Private foundation. If the organization	ck this box and st	top here. The orga	nization qualifies a	is a publicly suppo his hox and see ins	rted organization	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

N. C.	Yes	No
1	endum.	
2		0604445
3a		
3b	6/12/6/6	
3c		
4a		
4b	To Supplied to	
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4c		
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9b		1131
95		
9c		
10a		
10h		
TUD	1	1

Pai	art IV Supporting Organizations (continued)			
			Yes	No
11	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	b A family member of a person described on line 11a above?	11b	100000000000000000000000000000000000000	and an investor
С	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of 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 su	pported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amo	ong the	(SARAGEAR)	DICAL DESCRIPTION
0	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported		e de la finit	all forms
2	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		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		3133	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		L
Sec	ction D. All Type III Supporting Organizations			
		49 7 15 7 17	Yes	No
1				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	×		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		3/500/01	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Valuesa	
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2	1009/00/00	
_	the organization maintained a close and continuous working relationship with the supported organizations.			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	supported organizations played in this regard. ection E. Type III Functionally Integrated Supporting Organizations	-		
1	Cool	nstructions).		
а	The state of the Australian True of the Otto			
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental	entity (see instruction	rs).	
2	Activities Test. Answer lines 2a and 2b below.	CAMPA CONTRACTOR	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			Ter in
	that these activities constituted substantially all of its activities.	2a	ERZEGAU	9 9 9
b				
	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	2b	RELIFICATION	ALCOHOL:
_	these activities but for the organization's involvement.	20		
3				
а		3a	A SECURITION OF THE SECURITION	
h	trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		321.18	
b	of its supported organizations? If "Yes," describe in Part VI the role placed by the organization in this regard.	3b		
	C Capparate C. garination			

Sche	edule A (Form 990) 2023 THE WILDERNESS LAND TR	UST		84-1192823 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti		nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu	ing trust on	Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
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			ĺ
	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		9
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):			
а	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):			报题 机线性对照多数 的复数
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

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

4 5

Schedule A (Form 990) 2023

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

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

emergency temporary reduction (see instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr		5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
_	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ıs	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.			18.5-72.122 Less	
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019	是自身是不知识的思想。			
С	From 2020				
d	From 2021				
е	From 2022				ele la destruir de la de la destruir
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount		SEPSECRE FRANCE OF		
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				A strong and the first the
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				6
573	and 4b from line 1. For result greater than zero, explain in	A relieve to the Editor Hall			
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
_	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023		以到在10000000		
		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.			

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	THE V	/ILDERNESS	LAND	TRUST		84-1192823	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li Section D, lines 5, 6, and 8 (See instructions.)	2, 3b, 3c, nes 2 and	4b, 4c, 5a, 6, 9a, 9t 3; Part IV, Section	o, 9c, 11a, E, lines 1c	11b, and 11c; Part , 2a, 2b, 3a, and 3b	IV, Section B, lines 1; Part V, line 1; Part V,	and 2; Part IV, Section , Section B, line 1e; Par	C, t V,
· · · · · · · · · · · · · · · · · · ·	(Occ manactions.)	¥i						
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	was a second							
			Name of the second seco					
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization Employer identification number THE WILDERNESS LAND TRUST 84-1192823 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

THE	TAT T	.DER	NESS	I.ANII)	TRUST

84-1192823

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
1		\$	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
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$50,000.	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		\$ 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
5		\$\$	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		\$59,400.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE WILDERNESS LAND TRUST

84-1192823

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 7	Name, address, and ZIP + 4	\$ 50,000.	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
8		\$\$	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		\$36,958.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$362,000.	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 Oncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE WILDERNESS LAND TRUST

84-1192823

Noncash Property (see instructions). Use duplicate copies of Part II if ac	dditional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
GIS PARCEL DATA COLLECTION DONATION-660 HOURS AT \$90 PER HOUR		
	\$59,400.	03/31/24
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
APPRAISED VALUE OF CHAMPION MINE SOUTH LAND DONATION		
	\$\$	11/08/23
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
APPRAISED VALUE OF BLANCA PEAK LAND DONATION		
	\$362,000.	12/05/23
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Description of noncash property given (b) Description of noncash property given	Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.)

Employer identification number

	ILDERNESS LAND TRUST			84-1192823	
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	through (e) and the following line entr	v. For organizations		
	completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info.	once.) \$	
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
1					
H		() 7 (()			
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee	
	-				
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
rarti					
-		() = (((((((((((((((((
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
	, 223		1		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
Parti					
-					
		(e) Transfer of gift			
	Transferee's name, address, ar	nd 7IP + 4	Relationship of tra	nsferor to transferee	
	Transferee 3 name, adareou, a.	10 211 1 1			
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
Parti				ē	
-					
		(e) Transfer of gift			
	Transferee's name, address, ar	nd 7IP + 4	Relationship of tra	nsferor to transferee	
ŀ	manareree s name, audress, ar	IGEN TT	, rold to thomp of the		
1					

SCHEDULE C

(Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No. 1545-0047

Open to Public Inspection

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) organizat	ions: Complete Part III.				
Nan	ne of organization				Emplo	yer identification number
	THE WIL	DERNESS LAND TRUST	r			84-1192823
Pa	art I-A Complete if the org	anization is exempt under	section 501(c) or	r is a section 527	7 org	anization.
2		ures				
3	Volunteer hours for political campai	gn activities				
Pa	art I-B Complete if the org	anization is exempt under	section 501(c)(3)			
1	Enter the amount of any excise tax	incurred by the organization under	section 4955		\$.	
2		incurred by organization managers	under section 4955		\$	
3	If the organization incurred a section					
	Was a correction made?					10000
	If "Yes " describe in Part IV					
-	art I-C Complete if the org	anization is exempt under	section 501(c), e	xcept section 50	01(c)	(3).
1	Enter the amount directly expended	by the filing organization for section	on 527 exempt functio	n activities	\$	
2	Enter the amount of the filing organ	ization's funds contributed to other	r organizations for sec	tion 527		
	exempt function activities				. \$	
3	Total exempt function expenditures					
	line 17b				. \$	
4	Did the filing organization file Form					
5						
-	made payments. For each organization	tion listed, enter the amount paid fi	rom the filing organiza	tion's funds. Also ent	er the	amount of political
	contributions received that were pro	emptly and directly delivered to a s	eparate political organ	ization, such as a ser	parate	segregated fund or a
	political action committee (PAC). If					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organization funds. If none, ente	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

	Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total				
2a Lobbying nontaxable amount	150,845.	161,754.	219,117.	213,682.	745,398.				
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					1,118,097.				
c Total lobbying expenditures	12,120.	13,520.	13,620.	14,100.	53,360.				
d Grassroots nontaxable amount	37,711.	40,439.	54,779.	53,421.	186,350.				
e Grassroots ceiling amount (150% of line 2d, column (e))	Herris Marie Communication				279,525.				
f Grassroots lobbying expenditures					1- O /F 000) 0000				

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023

not over \$500,000,

over \$17,000,000.

Part II-A

Check

Check

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)).

Fore	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year?	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR (b) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
Provi	de the 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	A, lines 1 a	nd 2 (see	
	actions); and Part II-B, line 1. Also, complete this part for any additional information.				
	EDULE C, PART IV, ADDITIONAL INFORMATION				
WAS	SHINGTON DC LOBBYIST AND THE PRESIDENT OF THE WILDER	NESS L	AND T	RUST M	ADE
1111					
DTF	ECT CONTACT WITH LEGISLATIVE STAFF AND MEMBERS TO F	DUCATE	THEM	ON TH	E
T T	D FOR APPROPRIATIONS FROM THE LAND AND WATER CONSER	NOITAV	FUND	FOR T	HE
. 4 4					
ላ ሮ ር	UISITION 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.

Inspection

Name of the organization THE WILDERNESS LAND TRUST Employer identification number 84-1192823

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 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	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
	,		and the state of t
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
		470/	\\\ 4\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
8	Does each conservation easement reported on line 2d above		V No
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	Statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
Day	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures, or Of	ther Similar Assets.
Fai	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
та	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar		
	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public	e exhibition education or research in furth	perance of public service
		exilibition, education, or research in fart	letarice of public dorvice,
	provide the following amounts relating to these items.		\$
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X	gaures, or other similar assets for financia	st gain, provide
2	If the organization received or held works of art, historical tre		a gan, provido
	the following amounts required to be reported under FASB A		\$
а	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
р	Assets Iliciuueu iii fuiiii 990, fait A		

Pai	rt III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or	Other :	Simila	Assets	(continue	ed)
3	Using the organization's acquisition, accession	, and other records	, check any of the f	ollowing that	make sigr	nificant u	se of its		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or excl	nange progra	m				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain	how they further th	e organization	n's exemp	ot purpos	se in Part	XIII.	
5	During the year, did the organization solicit or r								
	to be sold to raise funds rather than to be main							Yes	☐ No
Pai	rt IV Escrow and Custodial Arrange						Part IV, li	ne 9, or	
	reported an amount on Form 990, Part 2	X, line 21.							
1a	Is the organization an agent, trustee, custodian	, or other intermed	iary for contribution	s or other ass	ets not in	ncluded			
	on Form 990, Part X?						\square	Yes	O No
b	If "Yes," explain the arrangement in Part XIII an								
								Amount	
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 Fore					/?		Yes	No
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the exp	lanation has been p	provided in Pa	art XIII				
Par	t V Endowment Funds Complete if the	ne organization ansv	wered "Yes" on For	m 990, Part I\	/, line 10.				
		(a) Current year	(b) Prior year	(c) Two years	s back (c	d) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance	2,490,390.	2,699,095.	2,425	,279.	2,0	65,709.	1,9	81,788.
b	1 210 542 377 577 493 292 555 739 344 482								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	365,382.	586,282.	219	,476.	1	96,169.	2	60,561.
f	Administrative expenses								
g	End of year balance	3,435,550.	2,490,390.	2,699	,095.	2,4	25,279.	2,0	65,709.
2	Provide the estimated percentage of the currer	nt year end balance	(line 1g, column (a))	held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment%								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
За	Are there endowment funds not in the possess	ion of the organizat	ion that are held an	d administere	ed for the				
	organization by:							Y	es No
	(i) Unrelated organizations?							3a(i)	X
	(ii) Related organizations?							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	d on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the or		ment funds.						
Par	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	'Yes" on Form 990,	Part IV, line 11a. Se	e Form 990,	Part X, lir	ne 10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other	. ,	cumulate	d	(d) Book v	/alue
		basis (investm	ent) basis (other)	depr	eciation			
1a	Land			8.					
	Buildings								
	Leasehold improvements								
d	Equipment		1	0,990.	:	10,99	90.		0.
	Other								
	Add lines 1a through 1e (Column (d) must equ		line 10e column	(D))					0.

	SS LAND TRUS	ST 84	l-1192823 Page 3
Part VII Investments - Other Securities Complete if the organization answered "Yes" of	n Form 990 Part IV line	o 11h 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	d-of-year market value
(1) Financial derivatives	(0)	(0,	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)		7 P 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			i stance and at contra
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets		<u> </u>	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) LAND AVAILABLE FOR SALE OR	DONATION		7,903,187.
(2) EARNEST DEPOSIT			10,000.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			7 012 107
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		7,913,187.
Part X Other Liabilities	- Farm 000 Dort IV line	110 or 11f Son Form 990 Part V line 25	;
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	THE OF THE SEE FORM 930, FAIT A, MINE 25	(b) Book value
Ti Comment and the second seco			(b) Book value
(1) Federal income taxes (2) LAND ACQUISITION REVOLVING	FIIND		554,403.
- CCC TIPLE TOP OPP PIPET			551,155
(4) NONCASH		-	3,461,269.
(5)			
(0)			

(7) (8) 4,015,672. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Pai	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenu	e per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a		
1	Total revenue, gains, and other support per audited financial statements		1	2,244,494.
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	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	Paris Property	_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,244,494.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	V (4.5)	
b	Other (Describe in Part XIII.)	4b		•
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,244,494.
Pai	t XII Reconciliation of Expenses per Audited Financial Staten		ses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a		
1	Total expenses and losses per audited financial statements		1	1,386,818.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,386,818.
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.)		5	1,386,818.
	rt XIII Supplemental Information			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad		art V, line 4; Part X	, line 2; Part XI,
PAI	RT V, LINE 4 - INTENDED USES FOR ENDOWMENT	FUNDS		
10 <u>0</u>	OR RESTRICTED ENDOWMENT: AMOUNTS ARE SPEN	T IN ACCORD	ANCE WITH	DONORS'
RES	STRICTIONS.			
BOZ	ARD-DESIGNATED ENDOWMENT: INCLUDES \$53,000	FOR A LEGA	L DEFENSE	FUND, AND
\$10	,000 FOR A LAND STEWARDSHIP FUND.			
ם או	RT X - FIN 48 FOOTNOTE			
		NGOVE ENVEG	TAIDED MILE	,
	E TRUST IS EXEMPT FROM FEDERAL AND STATE I			
PRO	OVISIONS OF INTERNAL REVENUE CODE SECTION	501 (C) (3)	. ACCORDIN	IGLY, NO
PRO	OVISION OR LIABILITY FOR INCOME TAXES HAS	BEEN PROVID	ED IN THE	
AC	COMPANYING FINANCIAL STATEMENTS.			

Schedule D (Form 990) 2023	THE	WILDERNESS	LAND	TRUST	84-1192823	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Inforr	nation	(continued)				

SCHEDULE L

(Form 990)

Transactions With Interested Persons

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

c; or Form 990-EZ, Part V, line 38a or 40b.

2023

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Name of the organization

THE WILDERNESS LAND TRUST

Employer identification number

84-1192823 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified (a) Name of disqualified person (c) Description of transaction person and organization Yes No (1) (2)(3)(4)(5)(6)2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II 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

(a) Name of interested person	(b) Relationship with organization		(d) Lo fron	an to or the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h) Ap by bo comm	proved ard or nittee?	(i) Wi agreer	ritten ment?
				From			Yes	No	Yes	No	Yes	No
(1)KAREN FISHER	TREASURE	LAND ACQ	Х		10,000.	10,000.		X	X		X	
(2)												
(3)												
(4)												
(5)												
_(6)									-			
_(7)									_			
_(8)												
(9)												
(10)					Φ.	10,000.				ED BATTERS		
Total					\$	10,000.	Sec. Lond		bwelet.		NAME OF STREET	TARRES.

Part III | Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part 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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

Part IV	Business	Transactions	Involving	Interested	Persons

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	sted person (b) Relationship between interested (c) Amount of person and the organization (c) Amount of transaction transaction				
	person and the organization	transaction	transaction	reven Yes	ues? No
(1)				res	NO
(2)					
(3)					
(4)					
(5)					
(6)				-	
(7)					
(8)					
(10)					
Part V Supplemental Information					
Provide additional information for respo	nses to questions on Schedule L. See i	nstructions.			
COMPANIE I DADE II IOANG	MO AND EDOM INMEDEC	men nencowc	2		
SCHEDULE L, PART II, LOANS	TO AND FROM INTERES	TED PERSONS	<u>:</u>		
(A) NAME OF PERSON: KAREN I	TSHER				
(II) IIIIII OI I IIIIOOIII IIIIIIIII I					
(B) RELATIONSHIP WITH ORGAN	NIZATION: TREASURER				
(C) PURPOSE OF LOAN: LAND A	ACQUISITION				
SCHEDULE L, PART V - ADDITI	ONAL INFORMATION				
,					
THE ORGANIZATION HAD AN OUT	STANDING NOTE PAYAB	LE TO KAREN	FISHER, WH	0	
	CHORG THE MAN AMOUNT	m on 610 00	0 mire		
SERVES ON THE BOARD OF DIRE	ECTORS, IN THE AMOUN	T OF \$10,00	U. THE		
PROCEEDS FROM THE NOTE ARE	INCLUDED IN THE ORG.	ANIZATION'S	WILDERNESS		
TROCHED TROIT THE HOTE THE	211010010 211 2112 0110				
OPPORTUNITY FUND, A REVOLVI	ING LOAN FUND USED F	OR LAND ACQ	UISITION.		
			(4)		

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

84-1192823 Part I Types of Property (d) (a) (b) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts Form 990, Part VIII, line 1g items contributed Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 9 Securities - Publicly traded Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other ... 14 15 Real estate - Residential Real estate - Commercial 16 777,000. APPRAISED VALUE X 17 Real estate - Other 18 Collectibles Food inventory 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts 59,400. FAIR MARKET VALUE 90 660 (GIS PARCEL DATA) 25 Other (MISC ITEMS X 547.FMV 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 2 for which the organization completed Form 8283, Part V, Donee Acknowledgement No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

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

Schedule M (Form 990) 2023

Schedule M	(Form 990) 2023	THE	WILD	ERNESS	LAND	TRUST		84-1192823	Page 2
Part II	Supplemental is reporting in Part this part for any ac					on required by Part I, lines 30 ns, the number of items rec	0b, 32b, and 33, a eived, or a combi	and whether the organization of both. Also comp	tion olete
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	2								

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE WILDERNESS LAND TRUST

Employer identification number 84-1192823

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: BY REMOVING THE LAST REMAINING PRIVATE INHOLDING. FORM 990, PART VI, SECTION B, LINE 11B: PRIOR TO FILING THE FORM 990, A DRAFT IN PDF FORMAT IS PROVIDED TO THE FINANCE COMMITTEE ALONG WITH AN EMAIL CALLING THEIR ATTENTION TO THE PORTIONS OF THE FORMS. COMMENTS AND CORRECTIONS ARE STRONGLY ENCOURGAGED. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICTS OF INTEREST POLICY REQUIRES OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS. POLICY AND DISCLOSURE FORM ARE DISTRIBUTED AND COLLECTED ANNUALLY, AND INDIVIDUALS ARE REQUIRED TO UPDATE THE DISCLOSURE FORM THROUGHOUT THE YEAR IN THE EVENT THAT POTENTIAL CONFLICTS ARISE. POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE PRESIDENT'S ANNUAL SALARY,

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	Employer identification number 84-1192823
THE WILDERNESS LAND TRUST	84-1192823
EMPLOYEES TRAVEL THROUGHOUT OUR SERVICE AREA.	
FORM 990, PART VI, SECTION C, LINE 19:	
WE CONSIDER REQUESTS ON A CASE-BY-CASE BASIS.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL FEES (60% MAP, INC.):	
PROGRAM SERVICE EXPENSES	38,190.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	38,190.
PROFESSIONAL FEES - LAND:	
PROGRAM SERVICE EXPENSES	27,982.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	27,982.
PROFESSIONAL FEES - OLIVER:	
PROGRAM SERVICE EXPENSES	39,516.
MANAGEMENT AND GENERAL EXPENSES	9,879.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	49,395.
SUBCONTRACTORS:	
PROGRAM SERVICE EXPENSES	59,400.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.

Schedule. O (Form 990) 2023	Page 2
Name of the organization THE WILDERNESS LAND TRUST	Employer identification number 84-1192823
TOTAL EXPENSES	59,400.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	174,967.
FORM 990 PART XII LINE 2C	
NO CHANGE FROM PRIOR YEAR REVIEW PROCEDURES.	

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