

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2018

Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return Application
- Pending

**C** Name of organization  
WILD RIVERS LAND TRUST

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
PO BOX 1158

City or town, state or province, country, and ZIP or foreign postal code  
PORT ORFORD, OR 97465

**D** Employer identification number  
93-1289894

**E** Telephone number  
(541) 366-2130

**G** Gross receipts \$ 241,990

**F** Name and address of principal officer:  
JOHN JONES  
49380 MYRTLE CREEK RD  
MYRTLE POINT, OR 97458

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: [www.wildriverslandtrust.org](http://www.wildriverslandtrust.org)

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 2001

**M** State of legal domicile: OR

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
PROTECT THE NATURAL TREASURES AND WORKING LANDS ON OREGONS WILD RIVERS COAST IN PERPETUITY. IMPROVE WATER QUALITY AND SALMON HABITAT IN SOUTHERN OREGON COASTAL RIVERS.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	10
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	10
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	4
<b>6</b> Total number of volunteers (estimate if necessary)	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	268,902	236,880
<b>9</b> Program service revenue (Part VIII, line 2g)		4,123
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	123,106	77
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-584
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	392,008	240,496
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	170,752	151,889
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 33,783		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	65,451	127,095
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	236,203	278,984
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	155,805	-38,488
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	971,834	933,507
<b>21</b> Total liabilities (Part X, line 26)	237,500	237,661
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	734,334	695,846

## 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.

**Sign Here**

Signature of officer \_\_\_\_\_ Date 2019-11-13

DUKE WOLF TREASURER  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date 2019-11-12 Check  if self-employed PTIN \_\_\_\_\_

Firm's name  $\blacktriangleright$  John Lincoln CPA Firm's EIN  $\blacktriangleright$  \_\_\_\_\_

Firm's address  $\blacktriangleright$  PO Box 394 Phone no. (541) 332-1040  
Port Orford, OR 97465

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No