

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023

- 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

G Gross receipts \$ 758,367

F Name and address of principal officer:

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.

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

J Website: WILDRIVERSLANDTRUST.ORG

H(c) Group exemption number

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:
OUR MISSION IS TO CONSERVE THE NATURAL TREASURES AND WORKING LANDS ON OREGONS WILD RIVERS COAST IN PERPETUITY.

2 Check this box

3 Number of voting members of the governing body (Part VI, line 1a)	3	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	5
6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,043,445	706,730
9 Program service revenue (Part VIII, line 2g)	249	2,359
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,413	48,460
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	112	818
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,045,219	758,367

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	215,033	241,446
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 92,632		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	157,200	177,188
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	372,233	418,634
19 Revenue less expenses. Subtract line 18 from line 12	1,672,986	339,733

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,483,588	2,823,321
21 Total liabilities (Part X, line 26)		0
22 Net assets or fund balances. Subtract line 21 from line 20	2,483,588	2,823,321

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: BILL DIVENS TREASURER
Date: 2024-04-19

Print/Type preparer's name | Preparer's signature | Date | Check if PTIN