

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

OMB No. 1545-0047  
**2019**  
 Open to Public Inspection

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

**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 \$ 710,457

**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)  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ 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:  
 Our mission is to conserve the natural treasures and working lands on Oregon's Wild Rivers Coast in perpetuity.

**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)	<b>3</b>	11
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	3
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	15
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	236,880	379,260
<b>9</b> Program service revenue (Part VIII, line 2g)	3,539	6,530
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	77	45,112
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,555
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	240,496	435,457
<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)	151,889	171,177
<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) ▶ 6,810		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	127,095	136,778
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	278,984	307,955
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-38,488	127,502

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	933,507	823,348
<b>21</b> Total liabilities (Part X, line 26)	237,661	0
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	695,846	823,348

**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 2020-11-16  
 Paul Hempel Board Finance  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date 2020-11-16 Check  if self-employed PTIN P01332677

Firm's name ▶ C J Huntsman CPA PC Firm's EIN ▶ 81-2600199

Firm's address ▶ PO Box 569 Coos Bay, OR 97420 Phone no. (541) 808-3080

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