

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Open to Public Inspection

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.
Information about Form 990 and its instructions is at www.IRS.gov/form990.

Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- 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): PO BOX 1158
Room/suite
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 \$ 328,116

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

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.

Table with 2 columns: Description (3-7b) and Amount. Includes rows for voting members, employees, volunteers, and revenue.

Table with 3 columns: Description (8-19), Prior Year, Current Year. Includes Revenue and Expenses sections.

Table with 3 columns: Description (20-22), Beginning of Current Year, End of Year. Includes Net Assets or Fund Balances section.

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.

Sign Here: Signature of officer ANN E SCHMIERER EXECUTIVE DIRECTOR, Date 2017-11-10

Paid Preparer Use Only: Print/Type preparer's name John P Lincoln, Preparer's signature John P Lincoln, Date 2017-11-10, Firm's name John Lincoln CPA, Firm's address PO Box 394, Port Orford, OR 97465

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