efile GRAPHIC print Submission Date - 2017-11-10 DLN: 93493319164247 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax** <sub>Form</sub>990 2016 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. Department of the Treasury Open to Public ► Information about Form 990 and its instructions is at www.IRS.gov/form990. Internal Revenue Service Inspection For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016 C Name of organization D Employer identification number **B** Check if applicable: WILD RIVERS LAND TRUST Address change 93-1289894 Name change Doing business as Initial return Final return/terminated E Telephone number Amended return Number and street (or P.O. box if mail is not delivered to street address) PO BOX 1158 Application pending (541) 366-2130 City or town, state or province, country, and ZIP or foreign postal code PORT ORFORD, OR 97465 G Gross receipts \$ 328,116 Name and address of principal officer: **H(a)** Is this a group return for JOHN JONES Yes No subordinates? 49380 MYRTLE CREEK RD Are all subordinates MYRTLE POINT, OR 97458 □ Yes □No included? Tax-exempt status: **✓** 501(c)(3) 4947(a)(1) or 501(c) ( ) ◀ (insert no.) If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ **Website:** www.wildriverslandtrust.org L Year of formation: 2001 M State of legal domicile: OR K Form of organization: Corporation Trust Association Other **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 Activities & Governance Check this box 🕨 🗆 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 257,071 327.894 Program service revenue (Part VIII, line 2g) . **10** Investment income (Part VIII, column (A), lines 3, 4, and 7d ) 222 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 257,072 328,116 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . 128,880 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 120,129 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) **b**0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 71,555 60,066 191,684 188,946 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 65,388 139,170 Assets or d Balances Beginning of Current Year **End of Year** 693.359 1.117.529 20 Total assets (Part X, line 16) . 254,000 539,000 Total liabilities (Part X, line 26) . Net assets or fund balances. Subtract line 21 from line 20. 439,359 578,529 **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. 2017-11-10 Signature of officer Date Sign Here ANN E SCHMIERER EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Check 🗹 if John P Lincoln John P Lincoln Paid self-employed Firm's EIN Firm's name 🕨 John Lincoln CPA Preparer Firm's address PO Box 394 Phone no. (541) 332-1040 Use Only Port Orford, OR 97465 May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2016)