

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

OMB No. 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

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 \$ 668,925

F Name and address of principal officer:
 JOHN JONES
 49380 MYRTLE CREEK RD
 MYRTLE POINT, OR 97465

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.

3 Number of voting members of the governing body (Part VI, line 1a)	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	10
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	3
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	327,894	268,902
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	222	123,106
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	328,116	392,008
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	128,880	170,752
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	60,066	65,451
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	188,946	236,203
19 Revenue less expenses. Subtract line 18 from line 12	139,170	155,805

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,117,529	971,834
21 Total liabilities (Part X, line 26)	539,000	237,500
22 Net assets or fund balances. Subtract line 21 from line 20	578,529	734,334

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: 2018-11-05

JOHN JONES PRESIDENT
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name John P Lincoln	Preparer's signature John P Lincoln	Date 2018-11-05	Check <input checked="" type="checkbox"/> if self-employed	PTIN
Firm's name ▶ John Lincoln CPA			Firm's EIN ▶	
Firm's address ▶ PO Box 394 Port Orford, OR 97465			Phone no. (541) 332-1040	