**2019 Exempt Org. Return** prepared for:

The Wildlands Conservancy 39611 Oak Glen Road, Unit 12 Oak Glen, CA 92399

Kennedy & Kennedy, CPAs 1700 North E Street Suite 201 San Bernardino, CA 92405

### Form 990

(Rev. January 2020)

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)

2019

OMB No. 1545-0047

Open to Public

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.

For the 2019 calendar year, or tax year beginning 2020 7/01 , 2019, and ending 6/30 D Employer identification number Check if applicable: Address change The Wildlands Conservancy 33-0676450 39611 Oak Glen Road, Unit 12 Telephone number Name change Oak Glen, CA 92399 909-797-8507 Initial return Final return/terminated G Gross receipts \$ 13,348,513. Amended return H(a) is this a group return for subordinates? F Name and address of principal officer: X No Yes Application pending David Myers H(b) Are all subordinates included? If "No." attach a list. (see instructions) Same As C Above No Tax-exempt status: X 501(c)(3) 4947(a)(1) or ) ◀ (insert no.) Website: ► www.wildlandsconservancy.org H(c) Group exemption number ► Form of organization: X Corporation Trust Association L Year of formation: 1995 M State of legal domicile: CA Summarv Briefly describe the organization's mission or most significant activities: The Wildlands Conservancy's dual mission is to preserve the beauty and biodiversity of the earth and to fund Governance programs so that children may know the wonder and joy of nature. if the organization discontinued its operations or disposed of more than 25% of its net assets Check this box ► Number of voting members of the governing body (Part VI, line 1a). 3 8 Activities & Number of independent voting members of the governing body (Part VI. line 1b) . . . . . . . 4 8 Total number of individuals employed in calendar year 2019 (Part V, line 2a)..... 5 82 Total number of volunteers (estimate if necessary)..... 6 900 7a Total unrelated business revenue from Part VIII, column (C), line 12. 7a 0. **b** Net unrelated business taxable income from Form 990-T, line 39. 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h)..... 10,671,009. 751,262. 1,230,738. 1,465,092. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 930,179. -2,660,810. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 11,089,071. 6,185,364. 20,330,008. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 9,331,897. 12 3,000. 6,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).... 3,429,675. 3,260,814 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) 3,592,382. 17 3,810,299. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 7,074,113 7,028,057. 19 13,255,895 2,303,840 End of Year 0 0 Beginning of Current Year Total assets (Part X. line 16) . . . 141,959,412 144,549,060. 20 21 Total liabilities (Part X, line 26) ... 394,960 680,768. Net assets or fund balances. Subtract line 21 from line 20 22 141,564,452 143,868,292 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. Signature of officer Sign Here David Myers Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Date 4/28/21 se'f-employed P01400050 James N. Kennedy James N. Kennedy Paid ► Kennedy & Kennedy, CPAs Preparer Firm's name Use Only Firm's address 1700 North E Street Suite 201 Firm's EIN ► 95-6285205 San Bernardino, CA 92405 Phone no. 909) 886-5048 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes.' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes.' complete Schedule C. Part III.	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D. Part II.	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X. line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	X	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D. Part VII.	11 b		Х
c	Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		X
C	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes.' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes.' complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G. Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes.' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	<b>20</b> a		Х
ł	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23	Х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes.' complete Schedule L. Part I	25a		X
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I.	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a	X	
	<b>b</b> A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b	Χ	
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes.' complete Schedule N. Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R. Part II, III, or IV. and Part V. line 1	34		X
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>3</b> 5a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	140
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
ВА	(gambling) winnings to prize winners?	1 c		(2019)
			/	/

Form 990 (2019)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return..... 2a 2hb If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3 a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... 3h**b** If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. . . 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X 4 a financial account in a foreign country (such as a bank account, securities account, or other financial account)?...... b If 'Yes.' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?.... 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Χ solicit any contributions that were not tax deductible as charitable contributions?..... 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.... 6 b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a X services provided to the payor?.... b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Χ 7 c Form 828Ž?\_\_\_\_\_\_\_ Χ 7 e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?...... Χ 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?...... g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required?..... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Form 1098-C?..... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?..... 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?..... 9 b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12..... 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities..... 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources 11 b against amounts due or received from them.)..... 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?..... 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year...... 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state?..... Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans..... Χ 14a Did the organization receive any payments for indoor tanning services during the tax year?....... 14 a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O....... 14h 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Χ 15 excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N. Χ 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

If 'Yes,' complete Form 4720, Schedule O

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI.

Section A. Governing Body and Management

			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
ŀ	authority to an executive committee or similar committee, explain on Schedule O.  Enter the number of voting members included on line 1a, above, who are independent			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		3.7	
	officer, director, trustee, or key employee? See Schedule 0	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents			
_	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	0		Λ
/ 2	members of the governing body?	7 a		X
k	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8 a	X	
	Each committee with authority to act on behalf of the governing body?	8 b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х
Sac	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Otion B. Policies (This Section B requests information about policies not required by the Internal Revenue		)	Ι Λ
360	tion b. Folicies (This Section B requests information about policies not required by the internal Nevertue	Coue.,	Yes	No
10 a	a Did the organization have local chapters, branches, or affiliates?	10 a		X
ł	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 :	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11 a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  See Schedule O			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
(	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was doneSee Schedule O	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14		14	X	
15				
	a The organization's CEO, Executive Director, or top management official See Schedule . O	15 a	X	202223
	b Other officers or key employees of the organization			
•	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X
,	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its	104		
1	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sed	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501 available for public inspection. Indicate how you made these available. Check all that apply.	(c)(3)s	only)	
	Own website  Another's website  Y Upon request  Other (explain on Schedule O)			
19	the public during the tax year. See Schedule 0	ole to		
20		65.	_	
	Christina Sanchez 39611 Oak Glen Road, Unit 12 Oak Glen Ca 92399 909-797	-850	7	

### Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII....

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(C)

(A)

Name and title

Average hours per least of the compensation from the organization compensation from the organization compensation from the organization of other compensation from the organization compensation from the organization of other compensation from the organization compensation from the organization of other compensation from the organization compensation compen

name and title	hours		dire	an o	ítrust			compensation from	compensation from	Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) David Myers	60									
Executive Dir.	0			X				136,822.	0.	32,000.
(2) Jennifer Malone	50_									
Secretary	0	L		Χ				75,430.	0.	10,330.
(3) Christina Sanchez	50_									
CFO	0			X				76,604.	0.	7,405.
(4) Frazier Haney	65_									
Deputy Director	0	X						51,125.	0.	10,349.
(5) Emily Gelbaum	5	-								
Director	0	X						0.	0.	0.
(6) Carl Pope	5									
Director	0	X			-	<u> </u>		0.	0.	0.
_O_April_Sall	5	-								
Director	0	X						0.	0.	0.
_(8)_Joan_Taylor	5	1								
Director	0	X				ļ	-	0.	0.	0.
(9) Charles Thomas	5									
Director	0	X			-			0.	0.	0.
(10) Chris Carrillo	5							_	_	
Director	0	X	-					0.	0.	0.
(11) Daniel Gelbaum	5								_	_
President	0		-	X		1		0.	0.	0.
(12)										
(13)										
(14)										

	(B)			(C								
<b>(A)</b> Name and title	Average hours per week	box. I	unles er and	eck s pe d a d	rson I recto	than on the strict	an ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	Estimat of	other	
	(list any hours for related organiza tions below dotted line)	Individual trustoc or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	the or	sation froganization from the sation from the sations of the satio	on
(15)			į			č						
(16)									PA PA			
(17)												
(18)												
(19)												
(20)		-										
(21)												
(22)												
(23)												
(24)												
(25)		-										
1 b Subtotal c Total from continuation sheets to Part VII, Sectio d Total (add lines 1b and 1c)	(0)(-0						<b>&gt; &gt; &gt;</b>	339,981. 0. 339,981.	0. 0. 0.		60,0	0.
2 Total number of individuals (including but not limi from the organization ► 1	ted to tho	se list	ted a	abov	ve) w	vho re	ecei	ived more than \$1	00,000 of reportable	e comper	sation	1
3 Did the organization list any former officer, direct	or, trustee	e, key	em	ploy	/ee,	or hig	ghe:	st compensated e	mployee		Yes	No
<ul> <li>on line 1a? If 'Yes,' complete Schedule J for such</li> <li>4 For any individual listed on line 1a, is the sum of the organization and related organizations greate</li> </ul>	individua	1								3		X
such individual						)				4	Χ	
for services rendered to the organization? If 'Yes,  Section B. Independent Contractors	' complete	e Sch	edul	e J .	for s	such p	pers	SON.	······	5		X
Complete this table for your five highest compens compensation from the organization. Report compensation.	pensation	pende for th	ent c ne ca	onti	racto idar	ors th year	at r enc	ding with or within	the organization's			
Name and business add				-				Description	of services	Compe	nsatio	
AEA Remodeling 13571 Grassland St	Yuc.	aipa	a,	CA	. 92	2399	9	Constructi	on		93,2	257.
2 Total number of independent contractors (including \$100,000 of companyation from the graphization	_	limite	ed to	o the	ose I	isted	ab	ove) who received	more than			
\$100,000 of compensation from the organization		TEFA	01081	07/	/31/19					Form	990 (	2019)

	Check if Schedule O contains a respo	nse or note to any li	ne in this Part VIII.		<u> </u>	
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a Federated campaigns 1 a					
3rai our	b Membership dues 1 b					
ts, ( Am	c Fundraising events 1 c					
Gif	d Related organizations 1 d					
ns,	e Government grants (contributions) 1 e  f All other contributions, gifts, grants, and	493,138.				
Contributions, Gifts, Grants and Other Similar Amounts	similar amounts not included above 1 f	258,124.				
ont nd (	lines 1a-1f.		7.51 0.60			
	n Total. Add lines Ta-11	Business Code	751,262.		dispersion (in the contract of	
Program Service Revenue	2a Land Lease b	110000	1,465,092.	1,465,092.		
Servic	d					
ram	f All other program service revenue					
rog	g Total. Add lines 2a-2f.	<b>&gt;</b>	1,465,092.			Enter Stranger (1999)
	3 Investment income (including dividends,		1,403,092.			
	other similar amounts)		33,036.	33,036.		
	4 Income from investment of tax-exempt to	ond proceeds				
	5 Royalties		1,311,377.	1,311,377.		
	(ı) Real	(II) Personal				
	6a Gross rents					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c d Net rental income or (loss)	<b>&gt;</b>				
	(i) Securities	(ii) Other	N/-3-4-0-3-2-3-2-3-2			
	/ a Gross amount from					
	other than inventory b Less: cost or other basis	•				
	and sales expenses 7b 4,016,616					
	c Gain or (loss) 7c 897, 143					
	d Net gain or (loss)		897,143.	897,143.		
Φ	8 a Gross income from fundraising events	4-Times and the second				
e L	(not including \$					
e V	of contributions reported on line 1c).					
7	See Part IV, line 18         8           b Less: direct expenses         8					
Other Revenu	c Net income or (loss) from fundraising ev					
Ü	9 a Gross income from gaming activities. See Part IV, line 19					
	b Less: direct expenses 9					
	c Net income or (loss) from gaming activi	ties				
	10 a Gross sales of inventory, less returns and allowances	а				
	<b>b</b> Less: cost of goods sold 10					
	c Net income or (loss) from sales of inver					
ST	110000	Business Code	4 075 016	4 075 016		
56 56	11 a Sale of Easement	900099	4,275,316.	4,275,316.		
scellaneo Revenue	b Paycheck Protection Prgrm	900099	422,104.	422,104.		
Miscellaneous Revenue	d All other revenue.	900099	146,239. 30,328.	146,239. 30,328.		
Σ	e Total. Add lines 11a-11d	<b></b>	4,873,987.	30,320.		
	12 Total revenue. See instructions		9,331,897.	8,580,635.	0	0.

Form 990 (2019) The Wildlands Conservancy 33-0676450 Page Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	6,000.	6,000.		A A A A A A A A A A A A A A A A A A A
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	288,856.	0.	288,856.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described				
	in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	2,568,020.	2,054,416.	449,403.	64,201.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	45 416	22 245	10 171	
9	Other employee benefits.	45,416. 289,231.	32,245.	13,171. 83,877.	
_	Payroll taxes		205,354.		12 161
10 11	Fees for services (nonemployees):	238,152.	176,497.	49,191.	12,464.
	a Management				
	b Legal	54,947.	10 027	5,110.	
	Accounting.	26,715.	49,837.	26,715.	
	d Lobbying.		E1 000	20, 113.	
	e Professional fundraising services. See Part IV, line 17	51,000.	51,000.	- 2, 5 (4, 4, 4, 4, 5) (4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4	
	f Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule 0.)	183,533.	183,533.		
13	Office expenses	208,857.	101,551.	61,398.	45,908.
14	Information technology	93,424.	79,410.	14,014.	
15	Royalties	30/121	7371201		
16	Occupancy	48,433.	41,168.	7,265.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 20	Conferences, conventions, and meetings				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,016,995.	711,897.	274,589.	30,509.
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10%	339,576.	339,576.		
	of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Repairs/Maintenance/Utilities	606,982.	606,982.		
	b Property Tax	564,272.	564,272.		
	c Travel/Lodging/Fuel	259,448.	186,738.	66,911.	5,799.
	d Contributions	106,000.	106,000.		
	e All other expenses	32,200.	32,200.		
25	Total functional expenses. Add lines 1 through 24e	7,028,057.	5,528,676.	1,340,500.	158,881.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
BA	A	TEEA0110L 0	7/31/19		Form <b>990</b> (2019)

		Check if Schedule O contains a response or note to a	any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			760,492.	1	1,952,902.
	2	Savings and temporary cash investments			2,393,902.	2	2,502,694.
	3	Pledges and grants receivable, net			6,254.	3	174,283.
	4	Accounts receivable, net			2,526,942.	4	2,398,200.
	5	Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pers	officer.	director, or, or 35%		5	
						3	
	6	Loans and other receivables from other disqualified per section 4958(f)(1)), and persons described in section 4958(f)(1).		6			
	7	Notes and loans receivable, net		<u> </u>		7	
ets	8	Inventories for sale or use		_		8	
Assets	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	12,570,944.	133,124,133.	10 c	136,730,401.
	11	Investments — publicly traded securities			2,988,236.	11	
	12	Investments — other securities. See Part IV, line 11		h		12	
	13	Investments – program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			159,453.	15	790,580.
	16	Total assets. Add lines 1 through 15 (must equal line 3	141,959,412.	16	144,549,060.		
	17	Accounts payable and accrued expenses.	394,960.	17	478,672.		
	18	Grants payable		18	MAN 2. 11 11 11 11 11 11 11 11 11 11 11 11 11		
	19	Deferred revenue		19			
(Z)	20	Escrow or custodial account liability. Complete Part N		1		21	
ŧ.	21	Loans and other payables to any current or former office				21	
Liabilities	~~	key employee, creator or founder, substantial contribut controlled entity or family member of any of these pers	or, or 35	5%		22	
	23	Secured mortgages and notes payable to unrelated thi				23	
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Comp	s to rela lete Pai	ted third parties, t X of Schedule D		25	202,096.
	26	Total liabilities. Add lines 17 through 25			394,960.	26	680,768.
Ses		Organizations that follow FASB ASC 958, check here	<b>&gt;</b>	X			
ano	27	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions			141,281,361.	27	143,622,941.
331	28	Net assets with donor restrictions.			283,091.	28	245,351.
bd	20	Organizations that do not follow FASB ASC 958, chec			203,031.	20	243,331.
or Fund Balances		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
Set	30	Paid-in or capital surplus, or land, building, or equipm				30	
Ass	31	Retained earnings, endowment, accumulated income,	444 = 55 - 55 - 55	31	110 0 == ===		
Net Assets	32	Total net assets or fund balances.			141,564,452.	32	143,868,292.
Z	33	Total liabilities and net assets/fund balances			141,959,412.	33	144,549,060.

Form	990 (2019) The Wildlands Conservancy 33-	067645	00	Pag	ge <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,33	31,8	97.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,02	28,0	57.
3	Revenue less expenses. Subtract line 2 from line 1.	3	2,30	3,8	40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 1	41,5	54,4	52.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses.	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	143,8	58,2	92.
Pai	rt XII   Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII.				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	n a			
ŀ	were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis				
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	. 2 c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?		. 3a		Х
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
BAA	TEEA0112L 01/21/20		Form	990 (	(2019)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name o	f the organization					Employer identificat	ion number
The	Wildlands Conservand	Cy				33-0676450	)
Part	I Reason for Public Charity	/ Status (All organ	izations must compl	ete this	part.) Se	ee instructions.	
The or	ganization is not a private founda	tion because it is: (Fo	or lines 1 through 12, ch	eck only	one box.)		
1	A church, convention of church	nes, or association of	churches described in s	ection 17	70(b)(1)(A)(	i).	
2	A school described in section	170(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	or 990-l	ΞZ).)		
3	A hospital or a cooperative ho						
4	A medical research organizati			7.		70(b)(1)(A)(iii). Enter	the hospital's
	name, city, and state:	•					
5	An organization operated for t section 170(b)(1)(A)(iv). (Com	the benefit of a colleg	e or university owned or			ernmental unit descri	bed in
6	A federal, state, or local gover	rnment or governmen	tal unit described in sec	tion 170	(b)(1)(A)(v).		
7	X An organization that normally in section 170(b)(1)(A)(vi). (C	receives a substantia omplete Part II.)	al part of its support from	n a gove	rnmental u	init or from the gener	al public described
8	A community trust described i	n section 1 <b>70(b)(1)(</b> A)	(vi). (Complete Part II.)				
9	An agricultural research organ or university or a non-land-gra university:						
10	An organization that normally from activities related to its exinvestment income and unreladure 30, 1975. See section 50	xempt functións—subj ated business taxable	ect to certain exceptions income (less section 51	s, and (2	) no more t	than 33-1/3% of its si	upport from gross
11	An organization organized an		,	. See se	ction 509(a	a)(4).	
12	An organization organized an or more publicly supported organized	ganizations described	in section 509(a)(1) or s	section 5	<b>09(a)(2).</b> Si	ee <b>section 509(a)(3).</b>	e purposes of one Check the box in
а	Type I. A supporting organization(s) the power to r complete Part IV, Sections A	tion operated, superviegularly appoint or el	ised, or controlled by its	supporte	ed organiza	ation(s), typically by	giving the supported nization. <b>You must</b>
b	Type II. A supporting organiza management of the supportin must complete Part IV. Section	ation supervised or co g organization vested					
С	Type III functionally integrate	d. A supporting organ	ization operated in con	nection v	ith, and fu	nctionally integrated	with, its supported
d	organization(s) (see instruction  Type III non-functionally integrated. The of	rated. A supporting o	rganization operated in	connect	on with its	supported organizat	ion(s) that is not
e	instructions). You must comp  Check this box if the organiza	lete Part IV, Sections	A and D, and Part V.				
f	integrated, or Type III non-fur Enter the number of supported or	ectionally integrated s	upporting organization.				
	Provide the following information						10 (0.7 80
	) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organizat in your g docur	on listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
begir	ndar year (or fiscal year nning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	4,981,777.	2,943,494.	2,571,316.	10671009.	751,262.	21,918,858.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	4,981,777.	2,943,494.	2,571,316.	10671009.	751,262.	21,918,858.
6	Public support. Subtract line 5 from line 4						21,918,858.
Sec	tion B. Total Support		'				
Cale: begir	ndar year (or fiscal year nning in) ►	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	4,981,777.	2,943,494.	2,571,316.	10671009.	751,262.	21,918,858.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	52,355.	28,902.	37,672.	40,119.	33,036.	192,084.
9	Net income from unrelated business activities, whether or not the business is regularly carried on.		20,3621	37,012.	10/113.	33,030.	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). See Fart VI.	26,400.	51,795.	4,347,333.	9,890,097.	4,863,663.	19,179,288.
11	Total support. Add lines 7 through 10						41,290,230.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	0.
13	First five years. If the Form 990 i organization, check this box and	s for the organiza	tion's first, second	I, third, fourth, or f	fifth tax year as a	section 501(c)(3)	-
Sec	tion C. Computation of Pu	blic Support	Percentage				
14	Public support percentage for 20	19 (line 6, column	(f) divided by line	11, column (f)).	4 · 5 · 6 5 6 1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		53.08 %
	Public support percentage from 2						63.53 %
16a	33-1/3% support test—2019. If the and stop here. The organization	ne organization dic qualifies as a pub	d not check the bo	x on line 13, and I ganization	ine 14 is 33-1/3%	or more, check thi	s box ►X
b	33-1/3% support test-2018. If the and stop here. The organization	e organization did qualifies as a pub	not check a box o	on line 13 or 16a, a ganization	and line 15 is 33-1	/3% or more, chec	ck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-ai	nd-circumstances'	test, check this hi	ox and stop here.	Explain in Part VI	how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	nd-circumstances'	test, check this be	ox and stop here.	Explain in Part VI	how the
18	Private foundation. If the organiz	zation did not chec	k a box on line 13	3, 16a, 16b, 17a, o	or 17b, check this b	oox and see instruc	ctions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
alend	ar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calend	dar year (or fiscal year beginning in) 🕒	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.					,	
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is organization, check this box and	stop here		, third, fourth, or t	fifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pu						
	Public support percentage for 20						%
	Public support percentage from 2						%
Sect	tion D. Computation of Invest						
17	Investment income percentage for						%
18	Investment income percentage from						olo
	33-1/3% support tests—2019. If the is not more than 33-1/3%, check	this box and <b>stop</b>	here. The organiz	ation qualifies as	a publicly support	ed organization	
	<b>33-1/3% support tests—2018.</b> If the line 18 is not more than 33-1/3%.	, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiza	
20	Private foundation If the organiz	ation did not ched	rk a hoy on line 14	L 19a or 19h che	ck this hox and se	e instructions	▶

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

	and the state of t			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a	i - antoni	Australia
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b	n en	are are known as
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	. Autor	10-4-10-5
<b>4</b> a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	<b>4</b> a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		and the state of the
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes.' provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	9a		
k	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.	10a		
ł	b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine	101		443

Pa	rt IV	Supporting Organizations (continued)	50		age 5
		To appearing of games (commond)		Yes	No
		he organization accepted a gift or contribution from any of the following persons?			
	a A per gover	son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the ning body of a supported organization?	11a		
	<b>b</b> A fam	nily member of a person described in (a) above?	11b		
	<b>c</b> A 35%	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c. provide detail in Part VI.	11c		
Sec	ction B	. Type I Supporting Organizations			
_				Yes	No
1	or ele Part I If the direct	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint act at least a majority of the organization's directors or trustees at all times during the tax year? If 'No.' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, ed to such powers during the tax year.	1		
2	that c	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		CHAPTER CONTRACTOR
Se	ction C	. Type II Supporting Organizations			
				Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction D	. All Type III Supporting Organizations			
				Yes	No
1	orgar year,	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tir	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		70 mm
Se	ction E	. Type III Functionally Integrated Supporting Organizations			
1	Chac	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	nel		
			113).		
		The organization satisfied the Activities Test. Complete line 2 below.			
	ь 📙 Т	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c T	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	struction	75).	
2	Activ	ities Test. Answer (a) and (b) below.	and the Control of the	Yes	No
	suppo orgai respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes.' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a		
	b Did the o	the activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the nization's involvement.	2b		And the state of t
3	Pare	nt of Supported Organizations. Answer (a) and (b) below.			
	a Did tl	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	<b>b</b> Did the supp	he organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes.' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Par 1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organizations	on Nov.	20, 1970 (explain in Pa	art VI). <b>See</b> rough E.
Sect	ion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		!
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integer (see instructions).	grated Ty	/pe III supporting orga	nization
BAA			Schedule A (F	orm 990 or 990-EZ) 2

Sche	edule A (Form 990 or 990-EZ) 2019 The Wildlands Conse	rvancy	33-067	76450 Page <b>7</b>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Suppor		continued)	
Sec	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	ooses		
2	Amounts paid to perform activity that directly furthers exempt purpor in excess of income from activity	ses of supported organiz	ations,	
3	Administrative expenses paid to accomplish exempt purposes of sur	ported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organ in <b>Part VI</b> ). See instructions.	ization is responsive (pr	ovide details	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		10.00	
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
ä	From 2014			
1	From 2015			
	From 2016			
	From 2017			
	From 2018			
	f Total of lines 3a through e			
	Applied to underdistributions of prior years			
1	n Applied to 2019 distributable amount			
	i Carryover from 2014 not applied (see instructions)			
	j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			

Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.

7 Excess distributions carryover to 2020. Add lines 3j and 4c.

8 Breakdown of line 7:

a Excess from 2015.

b Excess from 2016.

c Excess from 2017.

d Excess from 2018.

e Excess from 2019.

BAA

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### Part II, Line 10 - Other Income

Nature and Source	2019	2018	2017	2016	2015
Filming Income, School Ev	ent Fees, Other \$ 166,243. \$ 4,275,316.	192,651. \$	56,158. \$ ,941,175.	51,795. \$	26,400.
Grant Refund Life Insurance Proceeds Paycheck Protection Progr			,350,000.		
raycheck Flotection Flogi	422,104.				
Ţotal	\$4,863,663.	,890,097. \$4	,347,333. \$	51,795. \$	26,400.

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization Employer identification number						
The Wildlands Conse	33-0676450					
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	1				
Form 990-PF	527 political organization					
	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	overed by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a Spec	ial Rule. See instructions.				
General Rule						
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
under sections 509(a received from any or	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% st )(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ). Part I be contributor, during the year, total contributions of the greater of (1) \$5.000; or line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	I, line 13, 16a, or 16b, and that				
during the year, total	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
during the year, cont \$1,000. If this box is charitable, etc., purp	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive ributions exclusively for religious, charitable, etc., purposes, but no such contributions that were received during the year for some contributions that were received during the year for some complete any of the parts unless the <b>General Rule</b> applies to this organizations, charitable, etc., contributions totaling \$5,000 or more during the	outions totaled more than or an <i>exclusively</i> religious. ganization because				
	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule lo' on Part IV, line 2, of its Form 990: or check the box on line H of its Form 990:					

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

The W	ildlands Conservancy	33-06	76450
	Contributors (see instructions). Use duplicate copies of Part I if additional span	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$25,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
BAA	TEEA0702L 08.09/19	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization Page 2

Employer identification number

Employer identification number

Page 3

The Wildlands Conservancy

33-0676450

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional spa	ace is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$\$	- 
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) N a		(a)	(4)
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$\$	
(a) No. from	(b)	(c)	_ (d)
from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Date received
		\$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
DAA			
BAA	Sc	hedule B (Form 990, 990-E	.∠, or 990-PF) (2019

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• S	Section 501(c)(4), (5), or (6) or	ganizations: Complete Part III.			
Name	of organization			Employer identific	ation number
	Wildlands Conserv			33-067645	0
Par	t I-A Complete if the orga	anization is exempt under section 501	(c) or is a section !	527 organization.	
1	Provide a description of the o (see instructions for definition	rganization's direct and indirect political car n of 'political campaign activities')	mpaign activities in P	art IV.	
2	Political campaign activity ex	penditures (see instructions)		▶\$	
3	Volunteer hours for political of	ampaign activities (see instructions)		* *************************************	
Par	t I-B Complete if the orga	anization is exempt under section 501	(c)(3).		
		se tax incurred by the organization under se	ction 4955	, <b>&gt;</b> \$	
2	Enter the amount of any exci	se tax incurred by organization managers ur	nder section 4955	,▶\$	0.
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for th	nis year?	g • • • • • • • • • • • • • • • • • • •	Yes No
<b>4</b> a	Was a correction made?	******************************	E		Yes No
Ь	If 'Yes,' describe in Part IV.				
Par	t I-C Complete if the orga	anization is exempt under section 501	(c), except section	1 501(c)(3).	
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function a	activities > \$	
2	Enter the amount of the filing 527 exempt function activities	organization's funds contributed to other or s	ganizations for section	n ▶\$	
3	Total exempt function expendine 17b.	ditures. Add lines 1 and 2. Enter here and or	Form 1120-POL,	▶\$	
4	Did the filing organization file	Form 1120-POL for this year?	g		Yes No
5	organization made payments	and employer identification number (EIN) of For each organization listed, enter the amons received that were promptly and directly action committee (PAC). If additional space	ount paid from the filir	na organization's funds	Also enter the
	(a) Name	(b) Address	(c) E\N	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization, if none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

<i>*</i>					
Schedule <b>C</b> (Form 990 or 990-EZ) 2019	The Wildland	ds Conservancy		33-0676	5450 Page <b>2</b>
	e organization is		501(c)(3) and filed F	orm 5768 (election und	
A Check ► if the filin	g organization belon	gs to an affiliated group (a	and list in Part IV each	affiliated group member's	name,
address,	EIN, expenses, and s	share of excess lobbying e	xpenditures).		
B Check ► if the filir	ig organization check	ed box A and 'limited conf	trol' provisions apply.		
(The term	Limits on Lobbyi 'expenditures' mear	ng Expenditures ns amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence publi	c opinion (grassroots lobb	ying)		
<b>b</b> Total lobbying expenditu	res to influence a leg	islative body (direct lobby	ing)		
c Total lobbying expenditu	res (add lines 1a and	l 1b)			
d Other exempt purpose e	xpenditures				
e Total exempt purpose ex	penditures (add lines	s 1c and 1d)			
f Lobbying nontaxable am both columns	ount. Enter the amou	unt from the following table	e in		
If the amount on line 1e, colu	mn (a) or (b) is :	The lobbying nontaxable a	mount is:		
Not over \$500,000	2	20% of the amount on line 1e.			
Over \$500,000 but not over \$1,	000,000	3100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$	1,500,000	6175,000 plus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$	17,000,000	S225,000 plus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000	9	\$1,000,000.			
g Grassroots nontaxable a	mount (enter 25% of	line 1f)			
h Subtract line 1g from lin	e 1a. If zero or less,	enter -0			
i Subtract line 1f from line	e 1c. If zero or less, e	nter -0			
j If there is an amount oth section 4911 tax for this	ner than zero on eithe year?	r line 1h or line 1i, did the	e organization file Form	4720 reporting	Yes No
(So	me organizations tha	4-Year Averaging Period It made a section 501(h) e low. See the separate inst	lection do not have to d		
	Lobby	ing Expenditures During	4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					

f Grassroots lobbying expenditures

BAA

Schedule C (Form 990 or 990-EZ) 2019

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(	a)	(	(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Am	ount	
See Part IV  1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum through the use of:	٦,				
a Volunteers?		X			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X				
c Media advertisements?		X			
d Mailings to members, legislators, or the public?		X			
e Publications, or published or broadcast statements?		Х			
f Grants to other organizations for lobbying purposes?		Х			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X			52,3	346.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i Other activities?		Х		-	
j Total. Add lines 1c through 1i				52,3	346.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			1092
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		100 mm 200 mm			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	c)(5), or				
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from					
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No, answered 'Yes.'	(5), or secti	on 501	(c)	is	
1 Dues, assessments and similar amounts from members.		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ical				
a Current year		2a			
<b>b</b> Carryover from last year		2b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	excess				
expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C. line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

### Part II-B - Description of Lobbying Activity

Part IV Supplemental Information

The Conservancy hired a firm which provided consultation and advocacy in support of funding for SB 5, SB 45, mitigation credit agreements and funding with multiple sources.

### SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

The Wildlands	Conservancy			33-0676450
		Advised Funds or Oth	er Similar Fun	
Complete if the	organization answe	red 'Yes' on Form 990	. Part IV. line 6	δ.
		(a) Donor advised fu		(b) Funds and other accounts
1 Total number at end of ye	ar	(a) Donor advised to	1103	(b) Fullus and other accounts
2 Aggregate value of contributions				
3 Aggregate value of grants from (				
4 Aggregate value at end of	year			
5 Did the organization informare the organization's property	n all donors and donor a perty, subject to the orga	dvisors in writing that the as nization's exclusive legal cor	sets held in donor atrol?	advised funds Yes No
6 Did the organization inforr for charitable purposes an impermissible private ben	n all grantees, donors, a d not for the benefit of the efit?	nd donor advisors in writing ne donor or donor advisor, or	that grant funds ca for any other purp	an be used only cose conferring Yes No
Part II Conservation E	asements.			
Complete if the	organization answe	red 'Yes' on Form 990	, Part IV, line 7	7.
1 Purpose(s) of conservation	n easements held by the	organization (check all that	apply).	
X Preservation of land f	or public use (for exampl	e, recreation or education)	Preservation	n of a historically important land area
X Protection of natural h	nabitat		Preservation	n of a certified historic structure
X Preservation of open	space			
		eld a qualified conservation of	contribution in the t	form of a conservation easement on the
last day of the tax year.	,			
				Held at the End of the Tax Year
a Total number of conservation	tion easements			. 2a 2
<b>b</b> Total acreage restricted b	y conservation easement	·s		. 2b 1,127
c Number of conservation e	asements on a certified h	nistoric structure included in	(a)	
d Number of conservation e	asements included in (c)	acquired after 7/25/06, and i	not on a historic	
structure listed in the Nati	onal Register	***************************************		. 2d
3 Number of conservation e tax year ►				y the organization during the
		vation easement is located >	. 1	
· ·				na of violations
		ing the periodic monitoring, in holds?		
				conservation easements during the year
▶ Stan and volunteer nours	devoted to monitoring, in	ispecting, nationing of violation	ons, and emorcing	conservation easements during the year
7 Amount of expenses inclu	_ red in monitoring inspec	cting handling of violations	and enforcing cons	servation easements during the year
►\$	rea in monitoring, maper	sting, nanding or violations,	and emoreing con.	servation easements during the year
		0/-1/2 - 1		170/12/02/02/02
and section 170(h)(4)(B)(i	i)?	e 2(d) above satisfy the requi		Yes No
9 In Part XIII, describe how include, if applicable, the conservation easements.	text of the footnote to the	e organization's financial sta	ts revenue and exp tements that descr	pense statement and balance sheet, and ribes the organization's accounting for
Part III Organizations Ma Complete if the	intaining Collections organization answe	<b>of Art, Historical Treasu</b> red 'Yes' on Form 990	res, or Other Sin , Part IV, line	milar Assets. 8.
historical treasures, or oth	ner similar assets held fo	SB ASC 958, not to report in r public exhibition, education tements that describes these	, or research in fur	nent and balance sheet works of art, rtherance of public service, provide in
historical treasures, or oth following amounts relating	ner similar assets held fog to these items:	r public exhibition, education	, or research in fur	and balance sheet works of art, rtherance of public service, provide the
		1		
(ii) Assets included in Fo	rm 990, Part X			<b>&gt;</b> \$
2 If the organization receive	ed or held works of art, hi			nancial gain, provide the following
			· vorsk	

Part III Organizations Maintaining Collection	ons of Art,	Historical Tre	asures, or Other	Similar Assets (cont	inued)		
3 Using the organization's acquisition, accession, items (check all that apply):	, and other	records, check a	ny of the following t	hat make significant use	of its col	lection	
a Public exhibition		d Loan or e	xchange program				
<b>b</b> Scholarly research		e Other					
c Preservation for future generations							
4 Provide a description of the organization's colle Part XIII.	ections and	explain how the	y further the organiz	ation's exempt purpose	in		
5 During the year, did the organization solicit or r to be sold to raise funds rather than to be main	tained as p	art of the organi	zation's collection?.		Yes		No
Part IV Escrow and Custodial Arrangement line 9, or reported an amount on	ts. Comple Form 99	ete if the organ 30, Part X, Iir	nization answered ne 21.	d 'Yes' on Form 990,	Part IV	9	
1 a Is the organization an agent, trustee, custodian on Form 990, Part X?	or other in	termediary for co	ontributions or other	assets not included	Yes	Г	No
b If 'Yes,' explain the arrangement in Part XIII an							_
					Amount		
c Beginning balance				1с			
d Additions during the year			one was surely to a second .	1 d			
e Distributions during the year				1 e			
f Ending balance				1f			
2a Did the organization include an amount on Form					Yes		No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII. C							-
, , ,			,				
Part V Endowment Funds. Complete if the	organiza	tion answered	'Yes' on Form 99	0 Part IV line 10	-		
(a) Current		(b) Prior year	(c) Two years bac		(e) Fo	our years	hack
1 a Beginning of year balance	0.		. (5, 7, 10, 7, 50, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1	0. 1,000,000			000.
<b>b</b> Contributions.			•	2, 2,000,000	/	0007	
c Net investment earnings, gains, and losses							
-							
e Other expenditures for facilities and programs				0			
g End of year balance				0 1 000 000	1	0.00	000
	0.	0		0. 1,000,000	. 1 1,	000,	000.
2 Provide the estimated percentage of the curren	-		column (a)) held as	5:			
a Board designated or quasi-endowment ▶	100.0	<u>)()</u> §					
b Permanent endowment ► %							
c Term endowment ► %							
The percentages on lines 2a, 2b, and 2c should	d equal 100	%.					
3a Are there endowment funds not in the possessi organization by:	on of the o	rganization that	are held and admini	stered for the	Г	Yes	No
(i) Unrelated organizations					3a(i)		X
(ii) Related organizations							X
<b>b</b> If 'Yes' on line 3a(ii), are the related organizati	ons listed a	s required on So	hedule R?	St. 9 1			- 21
4 Describe in Part XIII the intended uses of the or				rt XIII	. 05		
Part VI Land, Buildings, and Equipmen		3 0110011110111111	noo. Dee La.	I C ALLI			
Complete if the organization answer		on Form 990,	Part IV, line 11a	. See Form 990, Par	t X, line	10.	
Description of property		other basis stment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	<b>(d)</b> B	look va	lue
1 a Land	125,4	134,178.			125.	434.	178.
<b>b</b> Buildings		303,892.		4,629,626.	_		266.
c Leasehold improvements				-, 023, 020.	5,	- , 1 /	
d Equipment	1 (	923,426.		1,344,982.		578	444.
e Other	-/-	539,849.		6,596,336.			513.
Total. Add lines 1a through 1e. (Column (d) must equ			n (B) line 10c )				
BAA	iai i Ullii 33	o, rait A, coidill	100.j. mie 100.j		dule D (Fo		401.

Part VII Investments — Other Securities. Complete if the organization answered 'Ye		N/A art IV line 11h See Form 990 Part X	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year n	
(1) Financial derivatives.	(b) Book Value	(c) method of variation, book of ond of your fi	nurrot valus
(2) Closely held equity interests			
(3) Other			
(A)			V-1-12
(B)			
(C)			
D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments — Program Related. Complete if the organization answered 'Y		N/A	
Complete if the organization answered 'Y	es' on Form 990, P.	art IV, line 11c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year	ar market value
(1)			
(2)			
(3)			
(4)		\(\tau_{\text{\tint{\text{\tin}\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex	
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990. Part X. column (B) line 13.)			
Part IX Other Assets. Complete if the organization answered 'Y	N/	A Part IV line 11d See Form 990 Part X	line 15
	scription		b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)	***		
(10)			
Total. (Column (b) must equal Form 990. Part X, column (B)	line 15.)	<b>&gt;</b>	
Part X Other Liabilities. Complete if the organization answered 'Yes' on I			
	iption of liability		) Book value
(1) Federal income taxes	,		
(2) Paycheck Protection Program Loan	***************************************		202,096
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			202,096

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	9,331,897.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	224	
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.).		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	9,331,897.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1233	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.). 4b		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,331,897.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	1	7,028,057.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  2 a  2 b	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments  c Other losses.  2 Donated Services and Use of facilities.  2 Donated Services and Use of facilities.	1 2 e	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).  e Add lines 2a through 2d		7,028,057.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses. d Other (Describe in Part XIII.). 2 d e Add lines 2a through 2d	2 e	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d  3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a	2 e	7,028,057.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).  e Add lines 2a through 2d  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2 e	7,028,057.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d  3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a	2 e	7,028,057.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### Part II, Line 9 - Organization Reporting Of Conservation Easements

The easement was recorded as revenue when sold to the Natural Resource Conservation Service in the fiscal year ending June 30, 2020. The easement is located on the Eel River Estuary in Humboldt County. The Conservancy was paid \$4,275,316 in the current year for this easement.

### Part V, Line 4 - Intended Uses Of Endowment Fund

These funds were earmarked for TWC's Sand to Snow Preserve System. They were

undesignated in 2017.

BAA

Part XIII Supplemental Information.

Schedule D (Form 990) 2019

Part XIII | Supplemental Information (continued)

### Part X - FASB ASC 740 Footnote

Management has considered its tax positions and believes that all of the positions taken by the Conservancy are more likely than not to be sustained upon examination.

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2019

OMB No. 1545 0047

Open to Public Inspection Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.

Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

Vame of the organization	Employer identification number	
The Wildlands Conservancy	33-0676450	
Part I General Information on Grants and Assistance		
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and		
the selection criteria used to award the grants or assistance?	Yes   X   N	ž

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

1 (a) Name and address of organization or government	( <b>q)</b>	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
			39				
(5)							
(7)							
(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government org	anizations listed in	the line 1 table				0
3 Enter total number of other organizations listed in the line 1 table	ons listed in the line 1						0

Schedule I (Form 990) (2019)

TEEA3901L 07/10/19

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of noncash assistance Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 6,000. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Scholarship 8 ന 4 9 Ŋ

Schedule I (Form 990) (2019)

### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 23. ► Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

X

Χ

Χ

X

Χ

Χ

X

Χ

4 a

4 b

5 a

6 a

6 b

7

8

Employer identification number

33-0676450 The Wildlands Conservancy Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part III First-class or charter travel X Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain...... Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?... 2 X Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/ Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . .

c Participate in, or receive payment from, an equity-based compensation arrangement?.....

contingent on the revenues of:

a The organization?

During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

organization or a related organization:

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If 'Yes' on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990. Part VII. Section A. line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III.

Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.

If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2019

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	Breakdown of W-2 and/or 1099-MISC compensation	C compensation	to conceited (1)	O do set to to to	(E) Total of	(E) Companyation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	(columns(B)(i)-(D)	(r) Compensation in column (B) reported as deferred on prior Form 990
David Myers	Θ	136,822.	0.	0	0	32,000.	168,822.	0
ir.	(E)	0.	0	.0	0	0	0	0
	()					1 1 1		
2	<b>(E)</b>							P. A. STEIN A. STEIN STE
	(=)							, compe comm. mann came cabor forces comm comm.
S	<b>(</b>							
	<b>(</b>					1		
4	<b>(E)</b>							
	(E)							
5	<u>(ii)</u>							
	Θ							take and the terms when the annual terms
9	(E)							
	Θ					1 1 1 1 1 1 1 1 1		1 1 1 1
7	<u>(E)</u>			The state of the s				
	⊜					 		
8	(E)							
	Θ							
6	(ii)							
All of the state o	Θ					1		
10	<u>(i)</u>							
	Θ					1		
	<b>(E)</b>							
	(=)							many chief man asses man own bide being
12	€							
	⊜					         		
13	<u>(ii)</u>					A CHARLES AND		
	Θ					 		
14	<b>(E)</b>							
	8							
15	€							9
	<u> </u>				1			
	€		- 1					
ВАА			TEEA4102L 8/2/19				Schedule	Schedule J (Form 990) 2019

33-0676450

## Part III Supplemental Information

Schedule J (Form 990) 2019

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

# Part 1, Line 1a - Relevant Information Regarding Compensation Benefits

The personal living quarters are offered to provide a 24-hour presence at the

preserve, as well as for security and assistance to hikers.

Schedule J (Form 990) 2019

### SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Transactions With Interested Persons** 

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. 
► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open To Public Inspection

Name of the organization

Employer identification number

The Wildland	<u>is Conservanc</u>	У						33	-06	7645	0			
	s Benefit Trans													วทร
	Complete if the orga			s' on For							t V, lir	ne 40b		rected?
1 (a) Name of	f disqualified person			ganization			(c) D	escription	of trans	saction			Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
2 Enter the amo section 4958.	ount of tax incurred b	y the organizat	ion mar	nagers or	r disqua	lified persons	during the y	ear und	er 	. <b>&gt;</b> \$				
3 Enter the amo	ount of tax, if any, on	line 2, above,	reimbu	sed by the	ne orga	nization				. ▶\$				
	to and/or From													
Complet organiz	te if the organization ation reported an an	answered 'Yes' nount on Form	on Form 990, Pa	n 990-EZ rt X, line	, Part V 5, 6, o	', line 38a or F or 22.	Form 990, Pa	rt IV, line	e 26; c	or if th	е			
(a) Name of interested per	(b) Relationship with organization	(c) Purpose of loan	fro	an to or m the lization?	prine	e) Original cipal amount	(f) Balance	e due	(g) In (	default?	by bo	proved ard or nittee?	(i) Wr agreer	
			То	From					Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)			1											
(7)														
(8)														
(9)			-	-						-				
(10)										na caraca sa				
Part III Grant Comple	s or Assistance te if the organization	Benefiting answered 'Yes	Interes' on Fo	rm 990,	<b>'erso</b> i Part IV	ns. , line 27.								
(a) Name o	of interested person	(b) Relations person a		een interes rganization		(c) Amount o	if assistance	(d) Typ	e of as	sistance	(e)	Purpos	e of ass	istance
(1)														
(2)				_										
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)				3				-						
(10)														
BAA For Panerwor	k Reduction Act Not	tice see the Inc	tructio	ne for En	vm aan	or 990-F7		Sch	مأنياءما	I (For	m 991	1 or 90	0.F7)	2019

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zation's
				Yes	No
(1) Outward Bound Adventures	Board member	95,000.	Program support		X
(2) Anthony Malone	Husband of boa	193,257.	Construction		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

### Supplemental Information

Charles Thomas is a Director at Outward Bound Adventures and a board member of the Conservancy. The Conservancy paid OBA \$95,000 for sponsorships, general operations, and for program support during the year. Also, Anthony Malone, the husband of the Human Resource Director, was paid \$193,257 for contracting services during the year.

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

The Wildlands Conservancy

Employer identification number 33-0676450

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Director Emily Gelbaum is the niece of President Daniel Gelbaum

Form 990, Part VI, Line 11b - Form 990 Review Process

The tax return is reviewed by the Executive Director, CFO and Board of Directors.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Directors, CEO, Vice President and CFO must annually sign a statement that affirms they have received and understand the conflict of interest policy, and disclose financial interests and family relationships that could give rise to conflicts of interest. These statements are subsequently analyzed by TWC's Human Resource Director.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Board of Directors reviews and approves any changes to the compensation and benefits paid to the CEO, CFO, and Vice President when those changes are more than what was given to other staff. Comparability data is used as part of the review process.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

TWC makes available to the public the most recent three years of Form 990's and audited financial statements. They are kept in a binder at each location where the public visits. All employees are trained to provide a copy of these documents immediately upon request.