Form	99	0
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For	n <b>99</b>	0										OMB No. 1545-0047
1 011		U	R	eturn o	f Organiz	ation Exer	npt Fr	om Inco	me T	ax		2021
			Under se			(1) of the Internal				ndations)		Outer to Dashi's
Depa Inter	artment of nal Rever	f the Treasury nue Serv ce	Þ	Do not e Go to www	enter social secur w.irs.gov/Form99	rity numbers on thi 90 for instructio	is form as i ns and th	t may be made ne latest info	e public. Srmatior	ı.		Open to Public Inspection
Α	For the	e 2021 calendar	year, or tax	k year begi	inning 7/0	1	, 2021,	and ending	6/	30	,	<b>20</b> 2022
В	Check if	applicable: C								D Employe	er identi	ification number
	Add				onservanc					33-0		
	Nam				Road, Uni	t 12				E Telephor		
	Initia	ial return Ud	k Glen,	CA 92.	399					909-	·797	-8507
	Final	I return/terminated										
	Ame	ended return								G Gross red		, ,
	Арр	plication pending F	Name and add	Iress of princip	oal officer: Fra	zier Haney	7		• •	a group return		103 110
		Sa	<u>me As C</u>	<u>Above</u>				''	If "No,"	subord nates i attach a list.	See ns	d? Yes No
<u> </u>			501(c)(3)	501(c) (			47(a)(1) or	527				
J					ervancy.o:					exemption nur		
K		-	Corporat on	Trust	Association	Other ►	LY	ear of formation	n: 199.	5 IVI St	ate of le	egal domicile: CA
Pa	rtl 1 E	Summary Briefly describe t	ho organiza	ation's mis	sion or most s	ignificant activi	tios.The	Wildla	nda C		nau	la dual
		mission is										
JCe		programs s									<u>u</u>	
Governance	-	<u>programo_</u>	<u>o enac</u>	<u></u>	<u></u>		<u>iuor u</u>		<u>/</u>	<u></u>		
Ne	2	Check this box 🕨	if the	organizati	on discontinue	ed its operation	s or disp	osed of mor	e than 2	5% of its n	net as	sets.
		Number of voting									3	10
ŝ		Number of indep									4	10
vitie		Total number of Total number of									5 6	91
Activities &		Total unrelated b									6 7a	<u> </u>
٩		Net unrelated bu									7b	0.
									1	rior Year		
									Г P	rior rear		Current Year
	8 0	Contributions and	d grants (P	art VIII, lin	e 1h)						49.	
nue		Contributions and Program service							4	,045,44 ,096,82		Current Year 19,412,620. 1,094,694.
evenue	9 F 10 II	Program service Investment incor	revenue (P ne (Part VII	Part VIII, lin II, column	ne 2g) (A), lines 3, 4,	, and 7d)			4	,045,44 ,096,82 419,64	24. 40.	19,412,620. 1,094,694. 4,802,261.
Revenue	9 F 10 li 11 C	Program service Investment incor Other revenue (F	revenue (P ne (Part VII Part VIII, co	Part VIII, lir II, column Iumn (A), I	ne 2g) (A), lines 3, 4, lines 5, 6d, 8c	, and 7d) , 9c, 10c, and 1	 1e)	· · · · · · · · · · · · · · · · · · ·	4	,045,44 ,096,82 419,64	24. 40. 86.	19,412,620. 1,094,694. 4,802,261. 2,521,611.
Revenue	9 F 10 II 11 C 12 T	Program service Investment incor Other revenue (F Total revenue –	revenue (P ne (Part VII Part VIII, co add lines 8	Part VIII, lin II, column Iumn (A), l through 1	ne 2g) (A), lines 3, 4, lines 5, 6d, 8c 1 (must equal	, and 7d) , 9c, 10c, and 1 Part VIII, colun	1e) nn (A), lir	ne 12)	4	,045,44 ,096,82 419,64 ,059,18 ,621,09	24. 40. 86. 99.	19,412,620. 1,094,694. 4,802,261.
Revenue	9 F 10 II 11 C 12 T 13 C	Program service Investment incor Other revenue (F Total revenue – Grants and simili	revenue (P ne (Part VII Part VIII, co add lines 8 ar amounts	Part VIII, lin II, column Iumn (A), I through 1 paid (Part	ne 2g) (A), lines 3, 4, lines 5, 6d, 8c, 1 (must equal : IX, column (A	, and 7d) , 9c, 10c, and 1 Part VIII, colun A), lines 1-3)	1e) nn (A), lir	ne 12)	4	,045,44 ,096,82 419,64	24. 40. 86. 99.	19,412,620. 1,094,694. 4,802,261. 2,521,611.
Revenue	9       F         10       II         11       C         12       T         13       C         14       E	Program service Investment incor Other revenue (F Total revenue – Grants and simili Benefits paid to	revenue (P ne (Part VII Part VIII, co add lines 8 ar amounts or for mem	Part VIII, lir II, column Iumn (A), I through 1 paid (Part bers (Part	ne 2g) (A), lines 3, 4, lines 5, 6d, 8c, 1 (must equal IX, column (A IX, column (A	, and 7d) , 9c, 10c, and 1 Part VIII, colun A), lines 1-3) ), line 4)	1e) nn (A), lir	ne 12)	4 1 6 11	,045,44 ,096,82 419,64 ,059,18 ,621,09 4,50	24. 40. 86. 99. 00.	19,412,620. 1,094,694. 4,802,261. 2,521,611. 27,831,186.
	9 F 10 III 11 C 12 T 13 C 14 E 15 S	Program service Investment incor Other revenue (F Total revenue – Grants and simili Benefits paid to Salaries, other c	revenue (P ne (Part VII Part VIII, co add lines 8 ar amounts or for mem ompensatio	Part VIII, lir II, column Iumn (A), I through 1 paid (Part bers (Part on, employe	ne 2g) (A), lines 3, 4, lines 5, 6d, 8c 1 (must equal IX, column (A IX, column (A ee benefits (Pa	, and 7d) , , 9c, 10c, and 1 Part VIII, colun A), lines 1-3) ), line 4) art IX, column (	1e) nn (A), lir	ne 12) 5-10)	4 1 6 11	,045,44 ,096,82 419,64 ,059,18 ,621,09	24. 40. 86. 99. 00.	19,412,620. 1,094,694. 4,802,261. 2,521,611.
	9 F 10 III 11 C 12 T 13 C 14 E 15 S	Program service Investment incor Other revenue (F Total revenue – Grants and simil Benefits paid to Salaries, other co Professional fund	revenue (P ne (Part VII Part VIII, co add lines 8 ar amounts or for memi ompensatio draising fee	Part VIII, lir II, column Iumn (A), I through 1 paid (Part bers (Part bon, employe s (Part IX,	ne 2g) (A), lines 3, 4, lines 5, 6d, 8c, 1 (must equal IX, column (A IX, column (A), li column (A), li	, and 7d) , 9c, 10c, and 1 Part VIII, colun A), lines 1-3) ), line 4) art IX, column ( ine 11e)	1e) nn (A), lir 	ne 12) 5-10)	4 1 6 11	,045,44 ,096,82 419,64 ,059,18 ,621,09 4,50	24. 40. 86. 99. 00.	19,412,620. 1,094,694. 4,802,261. 2,521,611. 27,831,186.
	9 F 10 li 11 C 12 T 13 C 14 E 15 S 16a F b T	Program service Investment incorr Other revenue (F Total revenue – Grants and simili Benefits paid to Salaries, other co Professional fund Total fundraising	revenue (P ne (Part VII Part VIII, co add lines 8 ar amounts or for mem ompensatio draising fee expenses	Part VIII, lir II, column Iumn (A), I through 1 paid (Part bers (Part bn, employe s (Part IX, (Part IX, co	ne 2g) (A), lines 3, 4, lines 5, 6d, 8c, 1 (must equal IX, column (A IX, column (A), li column (D), line	, and 7d) , 9c, 10c, and 1 Part VIII, colun A), lines 1-3) ), line 4) art IX, column ( ine 11e) e 25) ►	1e) nn (A), lir (A), lines 36	ne 12) 5-10)	4 1 6 11 3	,045,4 ,096,82 419,6 ,059,18 ,621,09 4,50	24. 40. 86. 99. 00. 61.	19,412,620. 1,094,694. 4,802,261. 2,521,611. 27,831,186. 3,709,372.
	9 F 10 II 11 C 12 T 13 C 14 E 15 S 16a F b T 17 C	Program service Investment incorr Other revenue (F Total revenue – Grants and simili Benefits paid to Salaries, other co Professional fund Total fundraising Other expenses	revenue (P ne (Part VII Part VIII, co add lines 8 ar amounts or for mem ompensatio draising fee expenses (Part IX, co	Part VIII, lir II, column Iumn (A), I through 1 paid (Part bers (Part br, employe s (Part IX, (Part IX, co lumn (A),	ne 2g) (A), lines 3, 4, lines 5, 6d, 8c, 1 (must equal IX, column (A IX, column (A), ee benefits (Pa column (A), li olumn (D), line lines 11a-11d,	, and 7d) , 9c, 10c, and 1 Part VIII, colun A), lines 1-3) ), line 4) art IX, column ( ine 11e) e 25) ► 11f-24e)	1e) nn (A), lir (A), lines 36	ne 12) 5-10)	4 1 6 111 3 3 3	,045,44 ,096,82 419,64 ,059,18 ,621,09 4,50 8,607,40	24. 40. 86. 99. 00. 61. 44.	19,412,620. 1,094,694. 4,802,261. 2,521,611. 27,831,186. 3,709,372. 5,122,003.
	9 F 10 II 11 C 12 T 13 C 14 E 15 S 16a F b T 17 C 18 T	Program service Investment incor Other revenue (F Total revenue – Grants and simili Benefits paid to Salaries, other co Professional fund Total fundraising Other expenses Total expenses.	revenue (P ne (Part VII Part VIII, co add lines 8 ar amounts or for memi ompensatio draising fee expenses (Part IX, co Add lines 1	Part VIII, lir II, column Iumn (A), I paid (Part bers (Part bers (Part on, employe s (Part IX, co Iumn (A), I 3-17 (must	ne 2g) (A), lines 3, 4, lines 5, 6d, 8c, 1 (must equal IX, column (A ee benefits (Pa column (A), line lines 11a-11d, t equal Part IX	, and 7d) , 9c, 10c, and 1 Part VIII, colun A), lines 1-3) ), line 4) art IX, column ( ine 11e) e 25) ► 11f-24e) C, column (A), li	1e) nn (A), lin (A), lines 36 ne 25).	ne 12) 5-10) 4,425.	4 1 11 3 3 3 7 7	,045,44 ,096,82 419,64 ,059,18 ,621,09 4,50 4,50 4,50 4,50 4,50 4,50 4,50 4,50	24. 40. 86. 99. 00. 61. 44. 05.	19,412,620. 1,094,694. 4,802,261. 2,521,611. 27,831,186. 3,709,372. 5,122,003. 8,831,375.
Expenses	9 F 10 II 11 C 12 T 13 C 14 E 15 S 16a F b T 17 C 18 T 19 F	Program service Investment incorr Other revenue (F Total revenue – Grants and simili Benefits paid to Salaries, other co Professional fund Total fundraising Other expenses	revenue (P ne (Part VII Part VIII, co add lines 8 ar amounts or for memi ompensatio draising fee expenses (Part IX, co Add lines 1	Part VIII, lir II, column Iumn (A), I paid (Part bers (Part bers (Part on, employe s (Part IX, co Iumn (A), I 3-17 (must	ne 2g) (A), lines 3, 4, lines 5, 6d, 8c, 1 (must equal IX, column (A ee benefits (Pa column (A), line lines 11a-11d, t equal Part IX	, and 7d) , 9c, 10c, and 1 Part VIII, colun A), lines 1-3) ), line 4) art IX, column ( ine 11e) e 25) ► 11f-24e) C, column (A), li	1e) nn (A), lin (A), lines 36 ne 25).	ne 12) 5-10) 4,425.	4 1 1 1 3 3 7 7 4	,045,44 ,096,82 419,64 ,059,18 ,621,09 4,50 5,607,40 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,868,14 5,864,14 5,864,14 5,864,14 5,864,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,14 5,964,145,964,14 5,964,14 5,964,145,964,14 5,964,145,964,14 5,964,145,964,14 5,964,145,964,14 5,964,145,964,14 5,964,145,964,14 5,964,145,964,14 5,964,145,964,14 5,964,145,964,14 5,964,145,964,14 5,964,145,964,14 5,964,145,964,14 5,964,145,964,14 5,964,145,964,14 5,964,145,964,14 5,964,145,964,14 5,964,145,964,145,964,14 5,964,145,964,140,140,1404,140,1404,140	24. 40. 86. 99. 00. 61. 44. 05. 94.	19,412,620. 1,094,694. 4,802,261. 2,521,611. 27,831,186. 3,709,372. 5,122,003. 8,831,375. 18,999,811.
Expenses	9 F 10 II 11 C 12 T 13 C 14 E 15 S 16a F b T 17 C 18 T 19 F	Program service Investment incor Other revenue (F Total revenue – Grants and simili Benefits paid to Salaries, other co Professional fund Total fundraising Other expenses Total expenses. Revenue less exp	revenue (P ne (Part VII Part VIII, co add lines 8 ar amounts or for memi ompensatio draising fee expenses (Part IX, co Add lines 1 penses. Su	Part VIII, lir II, column Iumn (A), I paid (Part bers (Part bers (Part on, employe is (Part IX, co lumn (A), I 3-17 (must btract line	ne 2g) (A), lines 3, 4, lines 5, 6d, 8c, 1 (must equal IX, column (A ee benefits (Pa column (A), line lines 11a-11d, t equal Part IX 18 from line 1	, and 7d) , 9c, 10c, and 1 Part VIII, colun A), lines 1-3)	1e) nn (A), lin (A), lines 36 ne 25)	5-10)	44 1 66 111 33 33 77 4 Beginnir	, 045, 44 , 096, 82 419, 64 , 059, 18 , 621, 09 4, 50 6, 607, 44 6, 868, 14 7, 480, 10 6, 140, 99 ng of Current	24. 40. 86. 99. 00. 61. 44. 05. 94. Year	19, 412, 620. 1, 094, 694. 4, 802, 261. 2, 521, 611. 27, 831, 186. 3, 709, 372. 5, 122, 003. 8, 831, 375. 18, 999, 811. End of Year
Expenses	9 F 10 II 11 C 12 T 13 C 14 E 15 S 16a F b T 17 C 18 T 19 F	Program service Investment incor Other revenue (F Total revenue – Grants and simili Benefits paid to Salaries, other co Professional fundraising Other expenses Total fundraising Other expenses. Revenue less exp Total assets (Pai	revenue (P ne (Part VII Part VIII, co add lines 8 ar amounts or for memi ompensatio draising fee expenses (Part IX, co Add lines 1 penses. Su rt X, line 16	Part VIII, lir II, column Iumn (A), I paid (Part bers (Part br, employe is (Part IX, co Iumn (A), I 3-17 (must btract line	ne 2g) (A), lines 3, 4, lines 5, 6d, 8c, 1 (must equal IX, column (A ee benefits (Pa column (A), line lines 11a-11d, t equal Part IX 18 from line 1	, and 7d) , 9c, 10c, and 1 Part VIII, colun A), lines 1-3)	1e) nn (A), lin (A), lines 36 ne 25)	ne 12) 5-10) 4,425.	44 1 66 111 33 33 77 4 Beginnir	, 045, 44 , 096, 82 419, 64 , 059, 13 , 621, 09 4, 50 6, 607, 44 6, 868, 14 7, 480, 10 1, 140, 99 19 of Current 6, 685, 88	24. 40. 86. 99. 00. 61. 61. 44. 05. 94. Year 80.	19,412,620. 1,094,694. 4,802,261. 2,521,611. 27,831,186. 3,709,372. 5,122,003. 8,831,375. 18,999,811. End of Year 184,197,639.
Assets or Expenses	9 F 10 II 11 C 12 T 13 C 14 E 15 S 16a F b T 17 C 18 T 19 F 20 T 21 T	Program service Investment incor Other revenue (F Total revenue – Grants and simili Benefits paid to Salaries, other co Professional fund Total fundraising Other expenses Total expenses. Revenue less exp Total assets (Pai Total liabilities (F	revenue (P ne (Part VII Part VIII, co add lines 8 ar amounts or for mem ompensatio draising fee expenses (Part IX, co Add lines 1 penses. Su ext X, line 16 Part X, line	Part VIII, lir II, column Iumn (A), I paid (Part bers (Part br, employe s (Part IX, (Part IX, co lumn (A), I 3-17 (must btract line 5)	ne 2g) (A), lines 3, 4, lines 5, 6d, 8c, 1 (must equal IX, column (A IX, column (A), ee benefits (Pa column (A), li olumn (D), line lines 11a-11d, t equal Part IX 18 from line 1	, and 7d) , 9c, 10c, and 1 Part VIII, colun A), lines 1-3)	1e) nn (A), lir (A), lines 36 ne 25)	ne 12) 5-10)	4 1 1 3 3 7 4 Beginnir 148	, 045, 4 , 096, 82 419, 6 , 059, 18 , 621, 09 4, 50 8, 607, 4 8, 868, 14 , 480, 10 140, 99 of Current 8, 685, 88 714, 80	24. 40. 86. 99. 00. 61. 61. 44. 05. 94. Year 80. 64.	19,412,620. 1,094,694. 4,802,261. 2,521,611. 27,831,186. 3,709,372. 5,122,003. 8,831,375. 18,999,811. End of Year 184,197,639. 17,327,086.
Net Assets or Fund Balances	9 F 10 II 11 C 12 T 13 C 14 E 15 S 16a F b T 17 C 18 T 19 F 20 T 21 T 22 N	Program service Investment incor Other revenue (F Total revenue – Grants and simili Benefits paid to Salaries, other co Professional fund Total fundraising Other expenses Total expenses Revenue less ex Total assets (Par Total liabilities (F Net assets or fur	revenue (P ne (Part VII Part VIII, co add lines 8 ar amounts or for mem ompensatio draising fee expenses (Part IX, co Add lines 1 penses. Su rt X, line 16 Part X, line 16 Part X, line 16	Part VIII, lir II, column Iumn (A), I paid (Part bers (Part br, employe s (Part IX, (Part IX, co lumn (A), I 3-17 (must btract line 5)	ne 2g) (A), lines 3, 4, lines 5, 6d, 8c, 1 (must equal IX, column (A IX, column (A), ee benefits (Pa column (A), li olumn (D), line lines 11a-11d, t equal Part IX 18 from line 1	, and 7d) , 9c, 10c, and 1 Part VIII, colun A), lines 1-3)	1e) nn (A), lir (A), lines 36 ne 25)	ne 12) 5-10)	4 1 1 3 3 7 4 Beginnir 148	, 045, 44 , 096, 82 419, 64 , 059, 13 , 621, 09 4, 50 6, 607, 44 6, 868, 14 7, 480, 10 1, 140, 99 19 of Current 6, 685, 88	24. 40. 86. 99. 00. 61. 61. 44. 05. 94. Year 80. 64.	19,412,620. 1,094,694. 4,802,261. 2,521,611. 27,831,186. 3,709,372. 5,122,003. 8,831,375. 18,999,811. End of Year 184,197,639.
T Net Assets or Expenses	9 F 10 III 11 C 12 T 13 C 14 E 15 S 16a F b T 17 C 18 T 19 F 20 T 21 T 22 N rt II	Program service Investment incor Other revenue (F Total revenue – Grants and simili Benefits paid to Salaries, other co Professional fundraising Other expenses Total fundraising Other expenses Revenue less ex Total assets (Par Total liabilities (F Net assets or fur Signature E	revenue (P ne (Part VII Part VIII, co add lines 8 ar amounts or for memi ompensatio draising fee expenses (Part IX, co Add lines 1 penses. Su Part X, line 16 Part X, line Part X, line ad balances Block	Part VIII, lir II, column Iumn (A), I paid (Part bers (Part bers (Part N, employe s (Part IX, co lumn (A), I 3-17 (must btract line 5) 26)	ne 2g) (A), lines 3, 4, lines 5, 6d, 8c, 1 (must equal IX, column (A ee benefits (Pa column (A), line lines 11a-11d, t equal Part IX 18 from line 1	, and 7d) , 9c, 10c, and 1 Part VIII, colun A), lines 1-3)	1e) nn (A), lin (A), lines 36 	ne 12) 5-10) 4,425.	44 1 6 111 3 3 7 4 Beginnir 148 147	, 045, 44 , 096, 82 419, 64 , 059, 18 , 621, 09 4, 50 5, 607, 44 5, 607, 44 5, 868, 14 6, 868, 14 7, 480, 10 5, 865, 88 714, 80 714, 80 7, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14	24. 40. 86. 99. 00. 61. 44. 05. 94. Year 80. 64. 16.	19, 412, 620. 1, 094, 694. 4, 802, 261. 2, 521, 611. 27, 831, 186. 3, 709, 372. 5, 122, 003. 8, 831, 375. 18, 999, 811. End of Year 184, 197, 639. 17, 327, 086. 166, 870, 553.
T Net Assets or Expenses	9 F 10 III 11 C 12 T 13 C 14 E 15 S 16a F b T 17 C 18 T 19 F 20 T 21 T 22 N rt II	Program service Investment incor Other revenue (F Total revenue – Grants and simili Benefits paid to Salaries, other co Professional fundraising Other expenses Total fundraising Other expenses Revenue less ex Total assets (Par Total liabilities (F Net assets or fur Signature E	revenue (P ne (Part VII Part VIII, co add lines 8 ar amounts or for memi ompensatio draising fee expenses (Part IX, co Add lines 1 penses. Su Part X, line 16 Part X, line Part X, line ad balances Block	Part VIII, lir II, column Iumn (A), I paid (Part bers (Part bers (Part N, employe s (Part IX, co lumn (A), I 3-17 (must btract line 5) 26)	ne 2g) (A), lines 3, 4, lines 5, 6d, 8c, 1 (must equal IX, column (A ee benefits (Pa column (A), line lines 11a-11d, t equal Part IX 18 from line 1	, and 7d) , 9c, 10c, and 1 Part VIII, colun A), lines 1-3)	1e) nn (A), lin (A), lines 36 	ne 12) 5-10) 4,425.	44 1 6 111 3 3 7 4 Beginnir 148 147	, 045, 44 , 096, 82 419, 64 , 059, 18 , 621, 09 4, 50 5, 607, 44 5, 607, 44 5, 868, 14 6, 868, 14 7, 480, 10 5, 865, 88 714, 80 714, 80 7, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14	24. 40. 86. 99. 00. 61. 44. 05. 94. Year 80. 64. 16.	19,412,620. 1,094,694. 4,802,261. 2,521,611. 27,831,186. 3,709,372. 5,122,003. 8,831,375. 18,999,811. End of Year 184,197,639. 17,327,086.
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May the IRS discuss this return with the preparer shown above? See instructions . BAA For Paperwork Reduction Act Notice, see the separate instructions.

San Bernardino, CA 92405

Phone no.

909)

X Yes No Form 990 (2021)

886-5048

Form	n 990 (	(2021)	The	Wild	lands	Cons	serva	ancv									33-0	6764	50	P	age 2
Par					ogram				olishi	ments	5										_
		Check	if Sche	edule O	contain	is a res	ponse	or note	e to ar	ny line	in this	s Part I	III								Х
1	Briefl	y descri	ibe the	organiz	ation's r	nission	:														
	The	Wild	lland	s Cor	nserva	ancy'	s du	al m:	issi	on i	s to	pre	eserv	ve th	ie be	auty	and	biod	liver	csit	у
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3		-			conduct	-		signific	ant ch	nanges	in how	w it co	nducts	, any p	orograr	n servi	ces?		Yes	Х	No
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4	Desci	ribe the	organiz	zation's	program	n servio		omplish	ments	s for ea	ach of	its three	ee larg	jest pro	ogram	service	es, as r	neasur	ed by e	expen	ses.
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	990 (2021) The Wildlands Conservancy 33-067645	0	F	Page <b>3</b>
Par	t IV Checklist of Required Schedules		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	X	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part L</i>	3		Х
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		Х
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? <i>If 'Yes,' complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>	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? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	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	Х	
Ł	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		Х
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		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
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)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f	Х	
12 <i>a</i>	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
Ł	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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	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? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	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
17	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? <i>If 'Yes,' complete Schedule G, Part II.</i>	18		х
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.			x
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>	19 20a		X
	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			
BAA	domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21 Form	990	(2021)
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	Form 990 (2021)	The	Wildlands	Conserv
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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,		Yes	No
22	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? <i>If 'Yes,' complete Schedule J</i> .	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		Х
	<b>b</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		
	<b>d</b> 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		Х
	<b>b</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		Х
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? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27		27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the 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	Х	
	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b	Х	
	c A 35% controlled entity of one or more individuals and/or organizations described in line 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	Х	
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		31		Х
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		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	<b>b</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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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		Х
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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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		Yes	No
1	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 37		162	NU
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
BA			л 990 (	(2021)

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33-0676450

		<b>H</b> IIIaianac		
Part IV	Checklist	of Required	Schedules	(continued)

		(2021) The Wildlands Conservancy 33-067645	)	F	Page 5
Par	t V	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
				Yes	No
28	<b>a</b> Ente	er the number of employees reported on Form W-3, Transmittal of Wage and Tax State- nts, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 91			
		least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note	e: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3 a	<b>a</b> Did	the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
I	<b>b</b> If 'Ye	es,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O	3 b		
4 a	<b>a</b> At a	ny time during the calendar year, did the organization have an interest in, or a signature or other authority over, a ncial account in a foreign country (such as a bank account, securities account, or other financial account)?			
			4 a		Х
I		es,' enter the name of the foreign country►			
	See	instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	<b>a</b> Was	s the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
I	<b>b</b> Did	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	c If 'Y	'es,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	a Doe: solic	s the organization have annual gross receipts that are normally greater than \$100,000, and did the organization cit any contributions that were not tax deductible as charitable contributions?	6a		Х
I	<b>b</b> If 'Ye	es,' did the organization include with every solicitation an express statement that such contributions or gifts were	6 6		
7		tax deductible?anizations that may receive deductible contributions under section 170(c).	6 b		
	-				
ě	a Dia serv	the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and vices provided to the payor?	7 a		Х
		'es,' did the organization notify the donor of the value of the goods or services provided?	7 b		
		the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Forn	n 8282?	7 c		Х
		'es,' indicate the number of Forms 8282 filed during the year 7 d			
(	e Did	the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
1	Did	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
Ģ		e organization received a contribution of qualified intellectual property, did the organization file Form 8899			
		equired?	7 g		
		e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	71		
Q		n 1098-C?	7 h		
0		anization have excess business holdings at any time during the year?	8		
•			0		
		nsoring organizations maintaining donor advised funds.	0.0		
		the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
		the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
		tion 501(c)(7) organizations. Enter:			
		ation fees and capital contributions included on Part VIII, line 12			
		ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
		tion 501(c)(12) organizations. Enter:			
		ss income from members or shareholders 11 a			
I	<b>o</b> Gros agai	ss income from other sources. (Do not net amounts due or paid to other sources inst amounts due or received from them.)			
12 a	a Seci	tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
I	<b>b</b> If 'Y	'es,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Sect	tion 501(c)(29) qualified nonprofit health insurance issuers.			
ä	<b>a</b> Is th	ne organization licensed to issue qualified health plans in more than one state?	13a		
	Note	e: See the instructions for additional information the organization must report on Schedule O.			
I	<b>b</b> Ente	er the amount of reserves the organization is required to maintain by the states in ch the organization is licensed to issue qualified health plans			
		er the amount of reserves on hand			<b></b>
		the organization receive any payments for indoor tanning services during the tax year?	14a		Х
I	<b>)</b> If 'Y	'es,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	ls th	he organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			••
		ess parachute payment(s) during the year?es,' see the instructions and file Form 4720, Schedule N.	15		Х
16	ls th	ne organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
		es, complete Form 4720, Schedule O.			
17		ction 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
		vities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Ιā	a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members	1 a	10	-		
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
ł	<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	1 b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations		h any other			
				2	Х	
3	Did the organization delegate control over management duties customarily performed by or under th of officers, directors, trustees, or key employees to a management company or other person	e direo ?	t supervision	3		Х
4	Did the organization make any significant changes to its governing documents					37
F	since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization			4		X X
5 6	Did the organization become aware during the year of a significant diversion of the organization have members or stockholders?			5 6		X
-	a Did the organization have members, stockholders, or other persons who had the power to elect or a members of the governing body?	ppoint	one or more			X
ł	• Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or persons other than the governing body?	mbers	,	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken the following:					
a	a The governing body?			8 a	Х	
ł	<b>b</b> Each committee with authority to act on behalf of the governing body?			8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>			9		Х
Sec	tion B. Policies (This Section B requests information about policies not req			eveni	ie Co	ode.)
					Yes	No
	a Did the organization have local chapters, branches, or affiliates?			10 a		Х
	<b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, a operations are consistent with the organization's exempt purposes?			10 b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			11 a	Х	
Ŀ	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	0	~ · · · ·			
				10	37	
12 a	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13			12a	Х	
12 a ł	<ul> <li>a Did the organization have a written conflict of interest policy? If 'No,' go to line 13</li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?</li> </ul>	could	give rise	12a 12b	X X	
12 a t	<ul> <li>a Did the organization have a written conflict of interest policy? If 'No,' go to line 13</li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'No,' go to line 13</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'No,' go to line 13</li> </ul>	could (es,' de	give rise escribe on	12b 12c	X X	
12 a b 0 13	a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> b Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'N</i> <i>Schedule O how this was done</i> SeeSchedule.Q Did the organization have a written whistleblower policy?	could /es,' de	give rise escribe on	12b 12c 13	X X X	
12 a b 0 13 14	<ul> <li>a Did the organization have a written conflict of interest policy? If 'No,' go to line 13</li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'No,' conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'No,' conflicts?</li> <li>c Did the organization have a written whistleblower policy?</li> <li>c Did the organization have a written document retention and destruction policy?</li> </ul>	could (es,' de	give rise escribe on	12b 12c	X X	
12 a k 13 14 15	<ul> <li>a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i></li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'No,' go to line 13</i></li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'No,' content of the organization have a written whistleblower policy?</i></li> <li>Did the organization have a written document retention and destruction policy?</li> <li>Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and destruction and destructio</li></ul>	could <i>(es,' de</i> al by ir cision	give rise escribe on ndependent	12b 12c 13 14	X X X X	
12 a 13 14 15	<ul> <li>a Did the organization have a written conflict of interest policy? If 'No,' go to line 13</li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'N Schedule O how this was doneSee.Schedule.Q</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and de a The organization's CEO, Executive Director, or top management official. See . Schedule</li> </ul>	could <i>Yes,' du</i> al by ir cision e0.	give rise escribe on ndependent ?	12b 12c 13 14 15a	X X X X X	
12 a 13 14 15	<ul> <li>a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i></li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'No Schedule O how this was done</i>SeeSchedule.Q</li> <li>c Did the organization have a written whistleblower policy?</li> <li>c Did the organization have a written document retention and destruction policy?</li> <li>c Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and de a The organization's CEO, Executive Director, or top management officialSeeSchedule</li> <li>c Other officers or key employees of the organization.</li> </ul>	could <i>Yes,' du</i> al by ir cision e0.	give rise escribe on ndependent ?	12b 12c 13 14	X X X X	
12 a k 13 14 15 a k	<ul> <li>a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i></li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'No,' for the organization have a written whistleblower policy?</i></li> <li>c Did the organization have a written whistleblower policy?</li> <li>c Did the organization have a written document retention and destruction policy?</li> <li>c Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and dea The organization's CEO, Executive Director, or top management official. See . Schedule</li> <li>c Other officers or key employees of the organization.</li> <li>c If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.</li> </ul>	could /es,' de al by ir cision e O.	give rise escribe on ndependent ?	12b 12c 13 14 15a	X X X X X	
12 a k 13 14 15 a k	<ul> <li>a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i></li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'No Schedule O how this was done</i>SeeSchedule.Q</li> <li>c Did the organization have a written whistleblower policy?</li> <li>c Did the organization have a written document retention and destruction policy?</li> <li>c Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and de a The organization's CEO, Executive Director, or top management officialSeeSchedule</li> <li>c Other officers or key employees of the organization.</li> </ul>	could <i>(es,' du</i> al by ir cision a0.	give rise escribe on independent ? gement with a	12b 12c 13 14 15a	X X X X X	
12 a 13 14 15 16 a	<ul> <li>a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i></li></ul>	could of ces,' do	give rise escribe on ndependent ? gement with a	12b 12c 13 14 15a 15b 16a	X X X X X	
12a t 13 14 15 t 16a t	<ul> <li>a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i></li></ul>	could of ces,' do	give rise escribe on ndependent ? gement with a	12b 12c 13 14 15a 15b	X X X X X	
122 13 14 15 162 162	<ul> <li>a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i></li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'No,' four this was done</i>See. Schedule .Q.</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and dea The organization's CEO, Executive Director, or top management officialSee . Schedule</li> <li>b Other officers or key employees of the organization.</li> <li>If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.</li> <li>a Did the organization follow a written policy or procedure requiring the organization to evalua participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?</li> </ul>	could ( <i>es,' de</i> al by ir cision <i>e</i> 0	give rise escribe on ndependent ? gement with a	12b 12c 13 14 15a 15b 16a 16b	X X X X X	
122 13 14 15 162 162 162	a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> b Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?	could ( <i>Yes,' de</i> al by in cision a. O. arran te its to safe	give rise escribe on independent gement with a	12b 12c 13 14 15a 15b 16a 16b	X X X X X X	
122 13 14 15 162 162 17 17	a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> b Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?	could ( <i>Yes,' de</i> al by incision al by incision arran te its to safe	give rise escribe on independent gement with a	12b 12c 13 14 15a 15b 16a 16b	X X X X X X	
122 13 14 15 162 162 17 17	a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> b Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?	could of feet, ' do fe	give rise escribe on independent ? gement with a eguard the , and 990-T (Section 5 plain on Schedule O)	12b 12c 13 14 15a 15b 16a 16b	X X X X X X	
122 13 14 15 162 162 17 18	a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> b Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?	could ( <i>Yes,' de</i> al by in cision a. O. arran te its to safe ), 990 er ( <i>exp</i> olicy, an	give rise escribe on independent ? gement with a eguard the , and 990-T (Section 5 blain on Schedule O) ind financial statements availa	12b 12c 13 14 15a 15b 16a 16b	X X X X X X	
122 13 14 15 162 162 17 18 19	a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	could of fees, ' do fe	give rise escribe on independent ? gement with a eguard the , and 990-T (Section 5 blain on Schedule O) ind financial statements availa	12 b 12 c 13 14 15 a 15 b 16 a 16 b 01 (c) (3 able to	X X X X X X 3)s or	

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

Section A. Governing Body and Management

33-0676450

Page 6

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No

Yes

Form 990 (2021) The Wildlands Conservancy	33-0676450	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and
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 Compensa	ted Employees	
<b>1</b> a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	with or within the	

• 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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	(B) Average hours	is	sit on (do n one bo s both a direct	o not ox, un n offic tor/tru	cer and istee)	а	(D) Reportable compensation from the organization	(E) Reportable compensat on from related organizat ons	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- t ons below dotted line)	S 2	Institutional trustee	ney employee	employee Kav employee	Former Highest compensated	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- (W-2/1099-NEC)	compensation from the organization and related organizat ons
(1) David Myers	60								
President	0		Σ	ζ			155,208.	0.	36,000.
_(2) Frazier Haney Executive Dir.	<u>65</u>		Σ	ζ			135,573.	0.	10,000.
(3) Christina Sanchez Former CFO	$\frac{50}{0}-$					Х	92,597.	0.	5,850.
(4) Jennifer Malone Secretary	$-\frac{50}{0}$	-	Σ	ζ			85,442.	0.	9,850.
(5) Jennifer Francis Controller/CF0	$-\frac{50}{0}$		Σ	ζ			14,862.	0.	0.
(6) Emily Gelbaum Director	50	x					0.	0.	0.
(7) Daniel Gelbaum Director	5	х					0.	0.	0.
(8) Carl Pope Director	5	х					0.	0.	0.
(9) April Sall Director	5	X					0.	0.	0.
(10) Joan Taylor Director		X					0.	0.	0.
(11) Charles Thomas Director	5	X					0.	0.	0.
(12) Chris Carillo Director	5	X		T			0.	0.	0.
(13) Matt Ritter Director		X					0.	0.	0.
(14)		•					0.	0.	0.
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Form	990 (2021) The Wildlands Conservan	су								33-067645	0 Page <b>8</b>
Par	t VII Section A. Officers, Directors, Tru		Key	Em			es, a	nd	Highest Com	pensated Emp	loyees (continued)
	<b>(A)</b> Name and title	(B) Average hours per week	box	, unles	neck ss pe	it on more rson i recto	than on s both a r/trustee	an e)	(D) Reportable compensation from	(E) Reportable compensat on from	<b>(F)</b> Estimated amount of other
		(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Farmer	the organizat on (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organizat on and related organizat ons
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)			•								
(25)											
	Subtotal								483,682.	0.	
	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)								<u> </u>	0.	
-	Total number of individuals (including but not limited							ed r			
	from the organization  2										Yes No
3	Did the organization list any <b>former</b> officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or, truste h <i>individu</i>	ee, ke <i>ial</i>	ey en	nplo	oyee	, or hi	igh	est compensated	employee	<b>З</b> <u>Х</u>
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	r than \$1	50,00	)0?/	lf 'Y	'es,'	comp	let	e Schedule J for	from	<b>4</b> X
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e comper ,' <i>comple</i>	nsatio ete So	n fro chedu	om a ule .	any i <i>J for</i>	unrela <i>such</i>	ateo <i>pe</i>	d organization or	individual	<b>5</b> X
Sec	ion B. Independent Contractors										
1	Complete this table for your five highest compens compensation from the organization. Report compens	sated ind sation for	epen the c	dent alend	cor lar y	ntrac /ear	tors tl ending	hat g w	received more the tree in the or	nan \$100,000 of ganization's tax yea	r.
	(A) Name and business addr	ess							<b>(B)</b> Description of	of services	<b>(C)</b> Compensation
	Remodeling 13571 Grassland St. Yucaipa,								Construction		128,222.
	e Trenching, Inc. 9396 Oak Creek Rd Che		lley	, CA	A 92	2223	3		Construction		127,195.
	Printing 4093 Market St. Riverside, CA		<b>D</b> 1	1 0		D (			Printing		101,527.
WRA	Environmental Consultants 2169-G E. Fra	ancisco	BTA	a. S	an	Каf	tael,		Consulting		125,770.
2	Total number of independent contractors (including b \$100.000 of compensation from the organization		ited to	o thos	se li	sted	above	e) v	vho received more	than	

Part VIII Statement of Revenue

33-0676450

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Par	t VI	II Statement of Check if Schedul			a resp	oonse or note to an	y line in this Part V	III		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
t) tì	1 a	Federated campaig	gns		1 a			5 2	2	2
ons, Gifts, Grants, Similar Amounts		Membership dues.			1 b					
S, G		Fundraising events			1 c					
ilar İlar		Related organizatio			1 d					
		Government grants (cont All other contributions, g			1 e	509,716.				
Contributions, and Other Sin		similar amounts not incl			<b>1</b> f	18,902,904.				
E D	g	Noncash contributions in lines 1a-1f.			1 g	a 13 13 a				
and	h	Total. Add lines 1a					19,412,620.			
						Business Code	13, 112, 020.			
Venu	2a	Land Lease				110000	1,094,694.	1,094,694.	di di	
Be	b					68 - 88	58 80 80	0.4 KO		18
vice	С									18
Ser	d					3	3		3 3	18
Program Service Revenue	e	All other program of		ing rouge		18 8.	28 80	5.4 8.C	18 8.	28
rogi		All other program s Total. Add lines 2a				•	1 004 604			
<u> </u>	3	Investment income (		NY NY NAVY OF CHICKNEY CHICK			1,094,694.			
	5	other similar amou					73,684.	73,684.		
	4	Income from invest	tme	ent of tax-e	xemp	t bond proceeds				
	5	Royalties	S				1,405,609.	1,405,609.		
				(i) R	eal	(ii) Personal				
			6			10. 14 19				
		Less: rental expenses	6	A SAL COMPANY						
		Rental income or (loss)								2
		Net rental income of				(ii) Other				2
	7 a	7 a Gross amount from sales of assets		1 105	MAL - SERVER					
		other than inventory	7:	a		7,255,659.				
	D	Less: cost or other basis and sales expenses	71	b		2,527,082.				
	С	Gain or (loss)	70	c		4,728,577.				
	d	Net gain or (loss).					4,728,577.	4,728,577.	28	
٩	8a	Gross income from fund	Irais	ing events						
en l		(not including \$		P 4 5						
Other Revenue		of contributions reported								
1		See Part IV, line 18 Less: direct expense			8		-			
Ě		Net income or (loss				75	a) (7			
0		s 14	63		lising [	eventa		8		
	9 a	Gross income from gami See Part IV, line 19	ing a	activities.	9	a				
	b	Less: direct expense			9	b				
	C	c Net income or (loss) from gaming activities			vities ►					
	10a	0 a Gross sales of inventory, less								
					10	entry of the second				
	b	Less: cost of goods	S SC	old	10	1.35				
	C	Extension Pro Sale of Live Fire Insurar	s) f	rom sales	of inve					
	11 -	Fort on stars D		Terrer		Business Code	750.000	750.000	3	3
ne	II a	Extension Pr		Income		900099	750,000.	750,000.	3 2	10
Nel 1	0	Fire Insurar	es nc	Progo	ode	900099	<u>183,857.</u> 161,917.	<u>183,857.</u> 161,917.	28 23	28
Re	d	All other revenue		e rioce	eus	500055	20,228.	20,228.	3 8	28
Revenue		Total. Add lines 11				▶	1,116,002.	20,220.		
-		Total revenue. See	-				27,831,186.	8,418,566.	0.	0
	100						27,001,100.	0,410,500.	υ.	L

Do 1 6b.	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign 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	483,682.	0.	483,682.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described	100,0020		100,0020	
	in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	2,655,747.	2,336,941.	131,293.	187,513.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	60,986.	45,740.	12,197.	3,049.
9	Other employee benefits	278,395.	208,796.	55,679.	13,920.
10	Payroll taxes	230,562.	172,922.	46,112.	11,528.
11 a	Fees for services (nonemployees):				
	Legal	118,850.	118,850.		
	Accounting	26,840.	110,0001	26,840.	
c	Lobbying	105,000.	105,000.		
e	e Professional fundraising services. See Part IV, line 17	•			
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion	845,274.	815,274.	30,000.	
13	Office expenses	400,294.	222,851.	109,071.	68,372.
14	Information technology	10072311	222,0011	10070711	0070721
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest	451,183.	451,183.		
21	Payments to affiliates			_	
	Depreciation, depletion, and amortization	1,035,245.	771,514.	203,445.	60,286.
	Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e	427,418.	427,418.		
	expenses on Schedule O.).				
	Repairs/Maintenance/Utilities	637,338.	637,338.		
	Property_Tax	562,843.	562,843.		
	Travel/Lodging/Fuel	339,274.	252,843.	66,674.	19,757.
	Contributions	131,820.	131,820.		
	All other expenses.	40,624.	40,624.	1 1 6 4 0 0 2	264 425
-	Total functional expenses. Add lines 1 through 24e	8,831,375.	7,301,957.	1,164,993.	364,425.
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)				
BAA		TEEA0110L 09	0/22/21		Form <b>990</b> (2021)

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	nrt X	Balance Sheet			55 0	00704	450 rage n
10		Check if Schedule O contains a response or note to	o anv lir	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing			2,710,851.	1	4,247,223.
		Savings and temporary cash investments		-	502,615.	2	246,434.
		Pledges and grants receivable, net			3,339,145.	3	163,027.
	4	Accounts receivable, net			2,453,306.	4	2,690,202.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	I contrib	outor, or 35%		5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net			1,500,000.	7	1,479,756.
s	8	Inventories for sale or use			1,000,000.	8	1/1/0//00.
Assets	-	Prepaid expenses and deferred charges			100,000.	9	35,970.
As		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1 1		100,000.		
		Less: accumulated depreciation.		184,621,871.	100 410 514	10.0	170 500 220
				14,121,533.	136,412,514.	10 c	170,500,338.
		Investments – publicly traded securities	960,436.	11	879,024.		
		Investments – other securities. See Part IV, line 11.				12	
		Investments – program-related. See Part IV, line 11.				13	
		Intangible assets.		14	0.055.005		
		Other assets. See Part IV, line 11	707,013.	15	3,955,665.		
	16	Total assets. Add lines 1 through 15 (must equal line	33)		148,685,880.	16	184,197,639.
	17	Accounts payable and accrued expenses			541,064.	17	812,632.
	18	Grants payable		18			
	19	Deferred revenue	173,800.	19	15,270.		
		Tax-exempt bond liabilities				20	
es		Escrow or custodial account liability. Complete Part				21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	ficer, di utor, or	rector, trustee, 35%		22	
Ľ,		Secured mortgages and notes payable to unrelated th			22	16,499,184.	
		Unsecured notes and loans payable to unrelated third				23	10,499,104.
		Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Corr	•			25	
		<b>Total liabilities.</b> Add lines 17 through 25		714,864.	26	17,327,086.	
s		Organizations that follow FASB ASC 958, check here		X	/14/004.		17,327,000.
JCe		and complete lines 27, 28, 32, and 33.	-	Δ			
lar	27	Net assets without donor restrictions			147,438,929.	27	165,668,900.
Ba	28	Net assets with donor restrictions	532,087.	28	1,201,653.		
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	eck here				, ,
ō	29	Capital stock or trust principal, or current funds		29			
ts		Paid-in or capital surplus, or land, building, or equipn				30	
sse		Retained earnings, endowment, accumulated income				31	
Å		Total net assets or fund balances			147,971,016.	32	166,870,553.
Vet		Total liabilities and net assets/fund balances			148,685,880.	33	184,197,639.
	33 A			1L 09/22/21	140,000,000.	55	Form <b>990</b> (2021)

Forn	n <b>990 (2021)</b>	The Wildlands Conservancy 33-	06764	50	Pa	age <b>12</b>
Pa		nciliation of Net Assets				-
		if Schedule O contains a response or note to any line in this Part XI				🔲
1	Total revenu	e (must equal Part VIII, column (A), line 12)	1	27,8	31,1	186.
2	Total expens	es (must equal Part IX, column (A), line 25)	2			375.
3	Revenue les	s expenses. Subtract line 2 from line 1	3	18,9		
4	Net assets o	r fund balances at beginning of year (must equal Part X, line 32, column (A))	4	147,9	71,0	016.
5	Net unrealize	ed gains (losses) on investments	5			274.
6	Donated serv	vices and use of facilities	6			
7	Investment e	xpenses	7			
8	Prior period	adjustments	8			
9	Other change	es in net assets or fund balances (explain on Schedule O)	9			0.
10		fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	166,8	70 1	553
Pa		ncial Statements and Reporting		100,0	10,	555.
		if Schedule O contains a response or note to any line in this Part XII				
					Yes	No
1	Accounting r	nethod used to prepare the Form 990: Cash X Accrual Other		_		
	If the organiz	zation changed its method of accounting from a prior year or checked 'Other,' explain O.				
28	Were the org	anization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' chec	k a box below to indicate whether the financial statements for the year were compiled or reviewe is, consolidated basis, or both:	d on a			
		te basis Consolidated basis Both consolidated and separate basis				
ł	Were the org	anization's financial statements audited by an independent accountant?		2b	Х	
		k a box below to indicate whether the financial statements for the year were audited on a separa	te			
		lidated basis, or both:				
	<u></u>	te basis Consolidated basis Both consolidated and separate basis				
(	If 'Yes' to line review, or co	2 2 or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, impilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organiz on Schedule	zation changed either its oversight process or selection process during the tax year, explain O.				
3a		a federal award, was the organization required to undergo an audit or audits as set forth in the Single d OMB Circular A-133?		3a		Х
ł	If 'Yes,' did th	e organization undergo the required audit or audits? If the organization did not undergo the required aud	it			
-		plain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA		TEEA0112L 09/22/21		Form	<b>990</b>	(2021)

SCHEDULE	Α
(Form 990)	

Total

# **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-F7

2021
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OMB No. 1545-0047

Denarti	Attach to Form 990 or Form 990-EZ.     Open to Public     Inspection									
	ternai Revenue Serv ce									
	of the organization	0					Employer identifica			
	The Wildlands Conservancy 33-0676450 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions									
Parl				For lines 1 through 12,			1 1			
1	<u> </u>	•	•	nurches described in sec		2	,			
2					•	-/././/	<i></i>			
3										
4										
5	An organizati	ion operated for <b>b)(1)(A)(iv).</b> (Co	the benefit of a colle mplete Part II.)	ge or university owned	or opera	ated by a	a governmental unit de	escribed in		
6 7			0	ental unit described in <b>s</b> part of its support from a				blic deceribed		
0	in section 17	<b>0(b)(1)(A)(vi).</b> (	Complete Part II.)		-	entar uni	t of from the general pu	blic described		
8				A)(vi). (Complete Part	-	oniunatia	n with a land grant and	0.00		
9				tion 170(b)(1)(A)(ix) oper (see instructions). Ente						
10	from activities investment in June 30, 197	s related to its e acome and unre 5. See <b>section</b> !	exempt functions, sub lated business taxable 509(a)(2). (Complete F	,	ons; and 511 tax)	(2) no n from bu	nore than 33-1/3% of i usinesses acquired by	ts support from gross		
11		J		ely to test for public saf						
12	or more publi lines 12a thro	icly supported o ough 12d that de	rganizations describe escribes the type of s	ely for the benefit of, to ed in <b>section 509(a)(1)</b> of upporting organization	or <b>sectio</b> and corr	<b>n 509(a)</b> iplete lir	<b>(2).</b> See <b>section 509(a</b> nes 12e, 12f, and 12g.	(3). Check the box on		
а	organization(s	oorting organizati ) the power to re <b>rt IV, Sections /</b>	gularly appoint or elect	d, or controlled by its sup a majority of the directo	oported o rs or trus	rganizati tees of tl	on(s), typically by giving he supporting organizati	g the supported on. <b>You must</b>		
b	management	oporting organiz of the supporting •te Part IV, Sect	organization vested in	controlled in connection the same persons that c	with its ontrol or	supporte manage	ed organization(s), by the supported organizat	having control or ion(s). <b>You</b>		
c	Type III function	onally integrated s) (see instructi	. A supporting organizat ons). <b>You must comp</b>	ion operated in connectio	n with, ar <b>A, D, an</b>	nd functic <b>d E.</b>	onally integrated with, its	supported		
d	functionally in	ntegrated. The c	organization generally	anization operated in co must satisfy a distribu <b>s A and D, and Part V.</b>	nnection Ition requ	with its s uirement	upported organization(s) t and an attentiveness	) that is not requirement (see		
e f		<sup>r</sup> Type III non-fu	nctionally integrated	en determination from supporting organizatior		that it is	a Type I, Type II, Typ	e III functionally		
			n about the supported	d organization(s).						
	(i) Name of supported of	-	(ii) EIN	(iii) Type of organizat on (described on lines 1-10 above (see instruct ons))	(iv) le organizat n your g docur	ion listed overning	(v) Amount of monetary support (see nstructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)										
(B)										
(C)										
(D)										
(E)										

The Wildlands Conservancy

33-0676450

Page 2

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55.50 %

46.46%

656.

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.)

#### Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (d) 2020 (c) 2019 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)..... 1 2,571,316 10671009 751,262 4,045,449 19412620 37,451,656. Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf..... The value of services or facilities furnished by a governmental unit to the organization without charge ... Total. Add lines 1 through 3... 751,262. 19412620. 4 2,571,316 10671009 4,045,449 37. 451 The portion of total 5 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)... Public support. Subtract line 5 6 from line 4 37,451,656. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4..... 571,316 10671009 751,262 4,045,449 19412620 37, 451,656. 8 Gross income from interest, dividends, payments received on securities loans, rents, rovalties, and income from similar sources .... 37,672 33,036 7,789 79,541 40,119 198,157. Net income from unrelated 9 business activities, whether or not the business is regularly carried on..... Other income. Do not include 10 gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI 4,347,333 9,890,097. 4,863,663. 4,881,497 5,844,579 29,827,169. Total support. Add lines 7 11 through 10 ..... 67. 476,982 Gross receipts from related activities, etc. (see instructions)..... 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))..... 14 Public support percentage from 2020 Schedule A, Part II, line 14 ..... 15 15 16a 33-1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ..... 17a 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.....

b 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. 18

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						
Calend	lar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include						
2	any 'unusual grants.') Gross receipts from admissions,						
2	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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1,						
	2, and 3 received from disgualified 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.						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
1 <b>0</b> a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in						
12	Part VI.) Total support. (Add lines 9,						
13	10c, 11, and 12.)						
14	First 5 years. If the Form 990 is						
Sec	organization, check this box and tion C. Computation of Pul						· · · · · · · · · · · · · · · · · · ·
15	Public support percentage for 20			ne 13. column (f	))		010
16	Public support percentage from 2	•	•••••••				00
-	tion D. Computation of Inv						0
17	Investment income percentage f				umn (fl)		0/0
18	Investment income percentage f	•		-			
	<b>33-1/3% support tests – 2021.</b> If t						
1.50	is not more than 33-1/3%, check	this box and sto	<b>p here.</b> The organ	nization qualifies	as a publicly supp	orted organization	►
b	33-1/3% support tests-2020. If t						
~~	line 18 is not more than 33-1/3%			•			
20	Private foundation. If the organized	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	see instructions.	►

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### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If 'No,' describe in Part VI 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 Part VI how the organization determined that the supported organization was 2 described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below. 3a **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 **Part VI** when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Δh **c** 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 **Part VI** 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 Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c 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 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? 5c 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 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). 7 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990). 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 Part VI. 9a **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**. 9b c Did a disqualified person (as defined on 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, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below. 10a **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b

Part IV	Supporting Organizations (continued)			-
			Yes	No
11 Has t	he organization accepted a gift or contribution from any of the following persons?			
a A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
the g	overning body of a supported organization?	11a		
<b>b</b> A fan	nily member of a person described on line 11a above?	11b		
<b>c</b> A 35%	controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		

#### Section B. Type I Supporting Organizations

Schedule A (Form 990) 2021

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

The Wildlands Conservancy

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.* 

#### Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization'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 organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
	in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a The organization satisfied the Activities Test. Complete line 2 below.
  - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

#### 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If 'Yes' or 'No,' provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

2a

2b

3a

Yes

No

33-0676450

Page 5

Yes

1

2

No

Part V

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	ov. 20, 1970 (explain ir t complete Sections A	n Part VI). <b>See</b> through E.
Sec	tion 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		
Sec	tion 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):			
	Average monthly value of securities	1a		
ł	Average monthly cash balances	1b		
(	Fair market value of other non-exempt-use assets	1c		
C	<b>1 Total</b> (add lines 1a, 1b, and 1c)	1d		
e	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
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 0.015 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 0.035.	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 0.85 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	Charly have if the automatic and in the experimetical first on a part functionally into		Torre III come entire en	

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

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Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	S,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization in <b>Part VI</b> ). See instructions.	on is responsive (provide	details	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2021				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
e	From 2020				
1	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

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Schedule A (Form 990) 2021

Schedule A (Form 990) 2021	The Wildland	s Conservanc	2y	33-067	6450 Page 8
Part VISupplemental Info III, line 12; Part IV, Sect B, lines 1 and 2; Part IV, 3a, and 3b; Part V, line lines 2, 5, and 6. Also complete	, Section C, line 1; P I; Part V, Section B,	'art IV, Section D, lin line 1e; Part V, Sec	nes 2 and 3; Part IV, tion D, lines 5, 6, an	Section E, lines 1c, Id 8; and Part V, Sec	2a, 2b,
Part II, Line 10 - Other Income	•				
Nature and Source	2021	2020	2019	2018	2017
Filming Income, School Sale of Easement Grant Refund Life Insurance Proceeds Paycheck Protection Pro	\$2,223,797.	\$ 84,183.	\$ 166,243. 4,275,316.		\$ 56,158. 1,941,175. 2,350,000.
Fire Insurance Proceeds Property Tax Refund Other Sales of Assets Sale of Livestock Extension Payments Other Income	-	254,681.		\$9,890,097.	<u>\$ 4,347,333.</u>

### Schedule B (Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

epartment of the Treasury	
ternal Revenue Serv ce	

Name

Name of the organization E		Employer identification number	
The Wildlands Conservand	Υ.	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
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special 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

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the Х regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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 (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.....► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)	1	1	Page <b>2</b>
Name of organization	Employer identification number	er	
The Wildlands Conservancy	33-0676450		

(a)	Contributors (see instructions). Use duplicate copies of Part I if addition (b)	(c)	(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		 \$\$1,000,000.	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
2	State_Coastal_Conservancy		Person X Payroll
	1515 Clay St., 10th floor	<u>\$2,000,000</u> .	Noncash
	Oakland, Ca 94612		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Wildlife Conservation_Brd		Person X Payroll
	1700 9th St	\$ 14,900,000.	Noncash
	Sacramento, Ca_95811		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		<sup>\$</sup>	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 Noncash
			(Complete Part II for noncash contributions.)
AA	TEEA0702L 10/06/21		L Schedule B (Form 990) (202

Schedule B (Form 990) (2021)	1	1	Page <b>3</b>	
Name of organization		Employer identification number		
The Wildlands Conservancy	33-06764	50		

h Property (see instructions). Use duplicate copies of Part II if ad	ditional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	·	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	   \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	  \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	· · ·	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	  \$\$	
	(b)         Description of noncash property given         Description of noncash property given	(b)       FMV (or estimate) (See instructions.)         (c)       (c)         Description of noncash property given       FMV (or estimate) (See instructions.)         (c)       FMV (or estimate)         (c)       FMV (or estimate)

	B (Form 990) (2021)		1 1 Page <b>4</b>
Name of orga	anization .ldlands Conservancy		Employer identification number $33-0676450$
Part III		the year from any one contributo completing Part III, enter the total of (Enter this information once. See i	ations described in section 501(c)(7), (8), pr. Complete columns (a) through (e) and f exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift	Relationship of transferor to transferee
		TEEA0704L 10/06/21	
BAA		122/10/072 10/00/21	Schedule B (Form 990) (2021)

Department of the Treasury Internal Revenue Serv ce		if the organization is described belo o to www.irs.gov/Form990 for instruc			Open to Public Inspection
f the organization answ	ered 'Yes,' on Fo	orm 990, Part IV, line 3, or Form 990-EZ,	Part V, line 46 (Politica	al Campaign Activities), th	nen
• Section 501(c)(3) o	rganizations: C er than section	omplete Parts I-A and B. Do not comp 501(c)(3)) organizations: Complete Pa	lete Part I-C.	• •	
-	•	orm 990, Part IV, line 4, or Form 990-EZ,	Part VI line 17 (Lobby	ing Activities) then	
-		nave filed Form 5768 (election under sect		-	e Part II-B.
		at have NOT filed Form 5768 (election			
f the organization ans Proxy Tax) (See separ	ate instruction	•	(See separate instru	ctions) or Form 990-EZ,	Part V, line 35c
<ul> <li>Section 501(C)(4), ( ame of organization</li> </ul>	(5), or (6) organ	izations: Complete Part III.		Front source is the stift of	- 4
-	0			Employer identifica	
The Wildlands		y nization is exempt under secti	on 501(c) or ic o	<u>33-067645</u>	
1 Provide a descrip	tion of the orga	nization's exempt under section nization's direct and indirect political of 'political campaign activities.'	.,		2011011.
		ditures. See instructions.		► ¢	
		paign activities. See instructions		•	
		nization is exempt under secti			
		ax incurred by the organization under		► \$	0
	-			•	0
		ax incurred by organization managers			
-		tion 4955 tax, did it file Form 4720 for	-		
4 a Was a correction	made?				Yes No
<b>b</b> If 'Yes,' describe	in Part IV.				
Part I-C Complete	e if the orga	nization is exempt under secti	on 501(c) , excep	ot section 501(c)(3).	
1 Enter the amount	directly expend	led by the filing organization for section	on 527 exempt function	on activities 🏲 \$	
		anization's funds contributed to other			
		es. Add lines 1 and 2. Enter here and			
4 Did the filing orga	nization file Fo	rm 1120-POL for this year?			Yes No
5 Enter the names, organization mad amount of political	addresses and e payments. Fo contributions red	employer identification number (EIN) r each organization listed, enter the a eeved that were promptly and directly de ion committee (PAC). If additional spa	of all section 527 po mount paid from the livered to a separate p	litical organizations to w filing organization's fund olitical organization, such	which the filing ds. Also enter the as a separate
<b>(a)</b> Name		(b) Address	<b>(c)</b> EIN	(d) Amount pa d from fil ng organization s funds. If none, enter-0	(e) Amount of pol tical contribut ons received and promptly and d rectly delivered to a separate political organizat on. If none, enter -0
1)					
2)					
3)					
4)					
5)					
				1	I

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

SCHEDULE C (Form 990)

OMB No. 1545-0047 2021

Schedule <b>C</b> (Form 990) 2021	The Wildla	nds Conservancy		33-0676	6450 Page <b>2</b>
Part II-A Complete if section 501(		on is exempt under se	ection 501(c)(3) an	d filed Form 5768 (el	ection under
A Check ► if the filin	ig organization belo	ngs to an affiliated group (an	d list in Part IV each affi	liated group member's name	e,
		nd share of excess lobbying	5 1 7		
B Check ► if the filin	ng organization cl	necked box A and 'limited co	ontrol' provisions apply	<i>'</i> .	
(The term	Limits on Lob 'expenditures' m	bying Expenditures eans amounts paid or incu	rred.)	(a) Filing organization s totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence	oublic opinion (grassroots lo	bbying)		
<b>b</b> Total lobbying expendite	ures to influence a	a legislative body (direct lob	bying)		
c Total lobbying expendition	ures (add lines 1a	and 1b)			
	•				
e Total exempt purpose e	expenditures (add	lines 1c and 1d)			
		mount from the following ta			
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the exces			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the exces			
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
Over \$17,000,000		\$1,000,000.			
5		% of line 1f)			
		ess, enter -0			
Subtract line If from lin	ie IC. If zero or le	ss, enter -0			
		er line 1h or line 1i, did the or			Yes No
(Som	e organizations t columns l	4-Year Averaging Period hat made a section 501(h) e below. See the separate ins	election do not have to	complete all of the five hrough 2f.)	
	Lol	obying Expenditures During	g 4-Year Averaging Pe	riod	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> Total
<b>2 a</b> 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) 2021

Page 3

# 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	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	Amount
<ul> <li>See Part IV</li> <li>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:</li> </ul>			
a Volunteers?		Х	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х		
c Media advertisements?		Х	
d Mailings to members, legislators, or the public?		Х	
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?	Х		115,713.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i Other activities?		Х	
j Total. Add lines 1c through 1i			115,713.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	
<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?			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	(c)(5)	, or	
			Yes No

			res	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 the prior year?	3		

#### Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

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).		
а	Current year	2a	
b	Carryover from last year.	2 b	
С	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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	
D			

#### Part IV Supplemental Information

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

The Conservancy hired two firms which provided consultation and advocacy in support

of funding projects through multiple funding sources, as well as regional

conservation investment strategies. They provided lobbying for legislation that

provides grant funding for Rana Creek, Eel River Canyon Preserve, Santa Ana River

Trail, and others.

SC	HEDULE D	Sup	plemental Financial Statements		OMB No. 1545-0047	7
	Form 990) ► 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.			2021		
Depa Interr	rtment of the Treasury nal Revenue Serv ce	► Go to www.irs	Attach to Form 990. .gov/Form990 for instructions and the latest information		Open to Public Inspection	с
	e of the organization	_		Employer i	dentification number	
	e Wildlands	-		33-067	6450	
Pa	rt I Organizat Complete	tions Maintaining Donce if the organization ans	or Advised Funds or Other Similar Funds or A wered 'Yes' on Form 990, Part IV, line 6.	ccounts.		
			(a) Donor advised funds (b)	) Funds and	other accounts	
1		end of year				
2		ntributions to (during year)				
3		ants from (during year)				
4		at end of year				
5	are the organizat	ion's property, subject to the	nor advisors in writing that the assets held in donor advis organization's exclusive legal control?		Yes No	)
6	Did the organizat for charitable pur impermissible pri	ion inform all grantees, donc poses and not for the benefi vate benefit?	ors, and donor advisors in writing that grant funds can be t of the donor or donor advisor, or for any other purpose	used only conferring	Yes No	,
Pa	rt II Conserva	tion Easements.				
·			wered 'Yes' on Form 990, Part IV, line 7.			
1			y the organization (check all that apply).			
		of land for public use (for exam		5 1		
		natural habitat	Preservation of a ce	rtified histori	c structure	
2		of open space	hald a qualified concernation contribution in the form of a con	convertion accor	mont on the	
2	last day of the ta		held a qualified conservation contribution in the form of a con	servation ease	ement on the	
					End of the Tax Ye	ear
				478		
			fied historic structure included in (a) 2 c			
	d Number of conse structure listed in	rvation easements included in the National Register.	in (c) acquired after 7/25/06, and not on a historic 2 d			
3	Number of conserv tax year ►	vation easements modified, tran	nsferred, released, extinguished, or terminated by the organiz	ation during th	ne	
4	Number of states w	where property subject to conse	ervation easement is located			
5			egarding the periodic monitoring, inspection, handling of			
6			nts it holds? inspecting, handling of violations, and enforcing conservation		Yes X No	,
7	► Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and enforcing conservation ease	ments during	the year	
8	Does each conse	rvation easement reported o	n line 2(d) above satisfy the requirements of section 170	h)(4)(B)(i)	]Yes □No	
9	In Part XIII, desc	ribe how the organization rep able, the text of the footnote	ports conservation easements in its revenue and expense to the organization's financial statements that describes	statement a	nd balance sheet.	and
Pa	rt III Organizat Complete	tions Maintaining Colle	ections of Art, Historical Treasures, or Other S wered 'Yes' on Form 990, Part IV, line 8.	imilar Ass	sets.	
1	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in its revenue statement a Id for public exhibition, education, or research in furthera al statements that describes these items.	nd balance s	sheet works of art, service, provide in	n
	following amount	s, or other similar assets held f s relating to these items:	r FASB ASC 958, to report in its revenue statement and or public exhibition, education, or research in furtherance of p	ublic service,	provide the	
	••		line 1			
~	• •		·····			
2			historical treasures, or other similar assets for financial gain, ASC 958 relating to these items: e 1.		lowing	
			۶ L			

BAA	For Paperwork R	eduction A	Act Notice,	see the	Instructions	for Form 9	<b>990</b> .

Schedule D (Form 990) 2021

TEEA3301L 08/30/21

Schedule D (Form 990) 2021 The M				33-067		Page 2
Part III Organizations Mainta	ining Collectio	ns of Art, Histo	rical Treasures, or	Other Similar Ass	ets (continu	ied)
<b>3</b> Using the organization's acquisition	n, accession, and ot	ner records, check ar	ny of the following that ma	ake significant use of its	collection	
itemš (check all that apply): <b>a</b> Public exhibition		d 🗌 Loan d	or exchange program			
<b>b</b> Scholarly research		e Other	i exenange program			
c Preservation for future gener	rations					
4 Provide a description of the organiz Part XIII.		and explain how they	further the organization's	s exempt purpose in		
	ation solicit or rece	ive donations of art	historical treasures o	r other similar assets		
5 During the year, did the organiza to be sold to raise funds rather t					Yes	No
Part IV Escrow and Custodia line 9, or reported an				swered 'Yes' on Fo	rm 990, Par	t IV,
1 a Is the organization an agent, true	stee, custodian or	other intermediary	for contributions or othe	er assets not included		
on Form 990, Part X?					Yes	No
<b>b</b> If 'Yes,' explain the arrangement	t in Part XIII and c	omplete the followir	ng table:		Amount	
<b>c</b> Beginning balance					Amount	
<b>d</b> Additions during the year						
e Distributions during the year						
f Ending balance.						
2 a Did the organization include an a					Yes	No
<b>b</b> If 'Yes,' explain the arrangement				-		
					L	
Part V Endowment Funds. C	complete if the	organization and	swered 'Yes' on Fo	rm 990, Part IV, lir	ıe 10.	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	s back
<b>1 a</b> Beginning of year balance						
<b>b</b> Contributions						
<b>c</b> Net investment earnings, gains, and losses						
<b>d</b> Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
<b>g</b> End of year balance						
2 Provide the estimated percentag	e of the current ye	ar end balance (line	e 1g, column (a)) held a	as:		
<b>a</b> Board designated or quasi-endowm	ient 🕨	00				
<b>b</b> Permanent endowment	<sup>00</sup>					
c Term endowment	%					
The percentages on lines 2a, 2b, a	nd 2c should equal	100%.				
<b>3a</b> Are there endowment funds not in organization by:	the possession of th	e organization that a	re held and administered	for the	Yes	No
(i) Unrelated organizations					3a(i)	
(ii) Related organizations					. 3a(ii)	
<b>b</b> If 'Yes' on line 3a(ii), are the rela	ated organizations	listed as required o	n Schedule R?		. 3b	
4 Describe in Part XIII the intende	d uses of the organ	nization's endowme	nt funds.			
Part VI Land, Buildings, and	Equipment.					
Complete if the organ	ization answere	ed 'Yes' on Forn	n 990, Part IV, line	11a. See Form 99	0, Part X, Iir	ne 10.
Description of property	<b>(a)</b> C	ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	<b>(d)</b> Book va	alue
<b>1 a</b> Land		59,331,609.			159,331	,609.
<b>b</b> Buildings		10,826,325.		5,213,211.	5,613	
c Leasehold improvements		12,028,909.		7,365,397.	4,663	,512.
<b>d</b> Equipment		2,223,047.		1,367,852.		,195.
<b>e</b> Other		211,981.		175,073.		,908.
Total. Add lines 1a through 1e. (Colum	nn (d) must equal i	Form 990, Part X, c	olumn (B), line 10c.)		170,500	
BAA				Sched	ule D (Form 990	J) 2021

Part VIII Investments – Other Securities.       N/A         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part IV, line 12b. See Form 990, Part IV, line 11b. See Form 990, Part IV, line 12b. See Form 990, Part X, line 5b. See Form 990, Part IV, line 12b. See Form 990, Part X, line 5b. See Form 990, Part X	Schedule D (Form 990) 2021 The Wildlands Cons	servancy	33-06	76450 Page <b>3</b>
(a) Description of samely and adapt (focular) and a stature of a samely and adapt (focular) and a same of a samely and a samely samely samely and a samely s	Part VII Investments – Other Securities.		N/A	
(1) Financial derivatives       Initial Conternation of the state of				
30 Other     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40     40				
(A)	(2) Closely held equity interests			
Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25.         Complete If the organization answered 'Yes' on Form 990, Part IV, line 12.         Complete If the organization answered 'Yes' on Form 990, Part X, line 25.         Complete If the organization answered 'Yes' on Form 990, Part X, line 25.         Complete If the organization answered 'Yes' on Form 990, Part X, line 25.         Complete If the organization an				
Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25         Complete If the organization answered 'Yes' on Form 990, Part X, line 25         Complete If the organization answered 'Yes' on Form 990, Part X, line 25         Complete If the organization answered 'Yes' on Form 990, Part X, line 25         Complete If the organization answered 'Yes' on Form 990, Part X, line 25         Complete If the organization answered 'Yes' on	(A)			
Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15         Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25         Complete If the organization answered 'Yes' on Form 990, Part X, line 25         Complete If the organization answered 'Yes' on Form 990, Part X, line 25         Complete If the organization answered 'Yes' on Form 990, Part X, line 25         Complete If the organization answered 'Yes' on Form 990, Part X, line 25         Complete If the organization answered 'Yes' on	(B)			
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13     Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13     Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13     Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13     Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13     Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15     Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15     Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15     Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15     Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15     Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15     Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15     Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15     Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25     Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25     Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25     Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25     Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25     Complete If the organizatine the part of the form 50, Part X,	(C)			
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13     Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13     Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13     Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13     Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13     Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15     Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15     Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15     Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15     Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15     Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15     Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15     Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15     Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25     Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25     Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25     Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25     Complete If the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25     Complete If the organizatine the part of the form 50, Part X,	(D) (E)			
(9)	(E)			
Image: Constraint of the set of the	(G)			
Intel. (Column (b) must equal Form 990, Part X, column (b) line 12).       N/A         Intel. (Column (b) must equal Form 990, Part X, column (c) line 12).       N/A         (c) Description of investment       (b) Book value         (c) Description of investment       (c) Method of valuation: Cost or end-of-year market value         (d)       (e) Description of investment       (b) Book value         (e)       (c) Method of valuation: Cost or end-of-year market value         (f)       (f)       (f)         (g)       (g)       (g)         (g)       (g) </td <td></td> <td></td> <td></td> <td></td>				
Part VIII Investments - Program Related.       Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13         (a) Description of investment       (b) Book value         (c)       (c) Method of valuation: Cost or end-of-year market value         (d)       (c) Method of valuation: Cost or end-of-year market value         (d)       (c)         (d)       (c)         (d)       (c)         (e)       (c)         (f)       (c)         (g)       (c)         (g)       (c)         (g)       (c)         (g)       (c)         (h)       (c)         (g)       (c)         (h)				
Complete if the organization answered "Yes" on Form 990, Part 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 market value (c)	Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►			
(a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (2)       (3)       (4)         (3)       (4)       (5)       (6)         (6)       (7)       (4)       (5)         (6)       (7)       (7)       (7)         (8)       (9)       (9)       (9)         (10)       (10)       (10)       (10)         (10)       (10)       (10)       (10)         (11)       (11)       (11)       (11)         (12)       (11)       (11)       (11)         (12)       (11)       (11)       (11)         (12)       (11)       (11)       (11)         (12)       (11)       (11)       (11)       (11)         (12)       (11)       (11)       (11)       (11)       (11)         (12)       (11)       (11)       (11)       (11)       (11)       (11)         (13)       (11)       (11)       (11)       (11)       (11)       (11)       (11)         (13)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11	Part VIII Investments – Program Related.	Weel on Form 000	N/A	Do Dort V line 12
(1)       (2)         (3)       (3)         (4)       (4)         (5)       (5)         (6)       (7)         (8)       (9)         (10)       (10)         (10)       (10)         (10)       (10)         (10)       (10)         (10)       (10)         (11)       (2)         (2)       (3)         (3)       (10)         (2)       (10)         (3)       (10)         (2)       (10)         (3)       (10)         (4)       (10)         (5)       (10)         (6)       (10)         (7)       (10)         (8)       (10)         (9)       (10)         (10)       (10)         (11)       (11)         (12)       (11)         (13)       (11)         (14)       (11)         (15)       (11)         (16)       (11)         (17)       (12)         (18)       (11)         (19)       (11)         (11)       (12)     <				
(2)       (3)         (3)       (4)         (5)       (5)         (6)       (7)         (7)       (8)         (7)       (9)         (10)       (10)         Tatal. (Column (b) must equal Form 900, Part X, column (B) kine 13) •       N/A         Part IX       Other Assets.       N/A         (10)       (9)       (9)         (11)       (9) Description       (9) Book value         (12)       (9)       (9)         (14)       (9) Description       (9) Book value         (2)       (9)       (10)         (2)       (9)       (10)       (10) Escription         (16)       (17)       (18)       (19) Escription         (2)       (19) Escription       (10) Escription       (10) Escription         (14)       (16) Escription       (17) Escription       (18) Escription         (16)       (10) Escription of liability       (10) Escription       (11) Escription         (16)       (17) Escription of liability       (18) Escription       (19) Escription         (17)       (19) Escription of liability       (19) Escription       (19) Escription         (16)       (10) Escription of liability <td></td> <td></td> <td></td> <td></td>				
3				
(5)       (6)         (7)       (7)         (8)       (7)         (9)       (9)         (10)       (10)         Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (10)       (9) Book value         (11)       (9) Book value         (2)       (9)         (3)       (9)         (4)       (9)         (5)       (9)         (6)       (9)         (7)       (9)         (8)       (9)         (9)       (9)         (10)       (10)         (12)       (11)         (2)       (12)         (3)       (12)         (6)       (12)         (7)       (12)         (13)       (12)         (14)       (14)         (15)       (16)         (16)       (17)         (17)       (18)         (18)       (19)         (19)       (11)         (10)       (12)         (11)       (12)         (2)       (2)         (3)       (11)         <				
(6)       (7)         (7)       (8)         (8)       (9)         (10)       (10)         (11)       (11)         (12)       (11)         (12)       (11)         (13)       (11)         (14)       (12)         (15)       (11)         (16)       (11)         (17)       (11)         (18)       (11)         (19)       (11)         (10)       (11)         (11)       (11)         (12)       (11)         (12)       (11)         (12)       (11)         (12)       (11)         (12)       (11)         (13)       (11)         (14)       (11)         (15)       (11)         (16)       (11)         (17)       (11)         (18)       (11)         (19)       (11)         (10)       (11)         (11)       (12)         (12)       (13)         (13)       (12)         (2)       (2)         (3)       (12)         (3) <td< td=""><td>(4)</td><td></td><td></td><td></td></td<>	(4)			
(?)   (8)   (9)   (10)   (10)   (11)   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (11)   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (10)   (11)   (12)   (13)   (14)   (15)   (16)   (17)   (18)   (19)   (10)   (10)   (10)   (11)   (12)   (2)   (3)   (4)   (5)    (6)   (7)   (8)   (9)   (10)   (11)   (12)   (13)   (14)   (15)   (16)   (17)   (18)   (19)   (11)   (11)   (11)   (12)   (12)   (13)   (14)   (15)   (15)   (16)   (17)   (18)   (19)   (11)   (11)   (11)   (12)   (13)   (14)   (15)   (16)   (17)   (18)   (19)   (11)   (11)   (12) </td <td></td> <td></td> <td></td> <td></td>				
(8)       (9)         (9)       (10)         Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)*       N/A         Part X       Other Assets.       N/A         (6) Description       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (b) Book value       (c) Book value         (3)       (a)       (b) Book value         (6)       (c)       (c)       (c)         (6)       (c)       (c)       (c)         (7)       (c)       (c)       (c)       (c)         (7)       (c)       (c)       (c)       (c)         (7)       (c)       (c)       (c)       (c)       (c)         (10)       (c)       (c)       (c)       (c)       (c)         (10)       (c)       (c)       (c)       (c)       (c)         (10)       (c)       (c)       (c)       (c)       (c)       (c)         (10)       (c)       (c)       (c)       (c)       (c)       (c)       (c)         (2)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c) <td></td> <td></td> <td></td> <td></td>				
(9)       (10)         Total. (Column (b) must equal Form 390, Part X, column (B) line 13)       N/A         Part IX       Other Assets.       N/A         (a) Description       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (a)       (b) Book value         (3)       (b) Book value       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         (10)       (c)       (c)         (10)       (c)       (c)         (10)       (c)       (c)         (10)       (c)       (c)         (11)       (c)       (c)         (12)       (c)       (c)         (13)       (c)       (c)         (14)       (c)       (c)         (15)       (c)       (c)         (16)       (c)       (c)         (17)       (c)       (c)         (18)       (c)       (c)         (19)       (c)       (c)         (2)       (c)       (c)         (3)				
(10)       Total. (Column (b) must equal Form 990, Part X, column (B) line 13)       N/A         Part IX       Other Assets.       N/A         (a) Description       (b) Book value         (1)       (a) Description       (b) Book value         (1)       (a) Description       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (a)       (b) Book value         (3)       (4)       (b)       (c)         (6)       (c)       (c)       (c)         (7)       (c)       (c)       (c)         (8)       (c)       (c)       (c)         (7)       (c)       (c)       (c)         (7)       (c)       (c)       (c)         (9)       (c)       (c)       (c)         (10)       (c)       (c)       (c)         (a) Description of liability       (b) Book value       (c)         (1) Federal income taxes       (c)       (c)       (c)         (3)       (d)       (c)       (c)       (c)         (3)       (c)       (c)       (c)       (c)         (6)       (c)       (c)       (c)       (c)       (c) </td <td></td> <td></td> <td></td> <td></td>				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)       N/A         Part X       Other Assets.       N/A         (a) Description       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (a)       (b) Book value         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         (10)       (c)       (c)       (c)         Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c)				
(a) Description       (b) Book value         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (7)         (8)       (9)         (10)       (7)         (7)       (9)         (10)       (10)         (10)       (2)         (3)       (10)         (10)       (2)         (3)       (10)         (10)       (2)         (11)       (2)         (2)       (3)         (4)       (2)         (3)       (4)         (4)       (5)         (5)       (6)         (7)       (2)         (3)       (4)         (4)       (5)         (6)       (7)         (6)       (7)         (7)       (6)         (7)       (7)         (8)       (9)         (10)       (10)         (11)       (10)         (12)       (13)         (14)       (15)         (15)       (16)         (7)       (17)         (8)       (19)     <	Part IX Other Assets.	N/A Ves' on Form 990	) Part IV/ line 11d See Form C	190 Part X line 15
(1)       Image: Constraint of the constrain				
(3)       (4)         (5)       (5)         (6)       (7)         (7)       (8)         (9)       (10)         Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	(1)			
(4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)         (10)       (10)         Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)				
(5)       (6)         (7)       (7)         (8)       (9)         (10)       (10)         Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)				-
(6)       (7)         (8)       (9)         (10)       (10)         Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)				
(7)       (8)         (9)       (10)         Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)				
(9)       (10)         Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	(7)			
(10)         Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.).       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         Image: Complete if the organization answered 'Yes' on Form 990, Part X, column (B) line 25.         Image: Complete if the organization's financial statements that reports the organization's liability for uncertain				
Part X       Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (c)         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (10)       (c)         (11)       (c)         Total. (Column (b) must equal Form 990, Part X, column (B) line 25,		3) line 15 )		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (2)         (3)       (4)       (4)         (5)       (6)         (7)       (8)         (9)       (10)         (11)       (11)         Total. (Column (b) must equal Form 990, Part X, column (B) line 25,)		<i>y</i> mile 10. <i>j</i>		
(1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         (10)         (11)         Total. (Column (b) must equal Form 990, Part X, column (B) line 25). <b>2.</b> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain	Complete if the organization answered 'Yes' on F		1e or 11f. See Form 990, Part X, line 25	
(2)       (3)         (3)       (4)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)         (10)       (11)         Total. (Column (b) must equal Form 990, Part X, column (B) line 25,) <b>2.</b> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain		ption of liability		(b) Book value
(3)       (4)         (5)       (5)         (6)       (7)         (7)       (8)         (9)       (10)         (11)       (11)         Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain	· · ·			+
(4)         (5)         (6)         (7)         (8)         (9)         (10)         (11)         Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain				
(6)         (7)         (8)         (9)         (10)         (11)         Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain	(4)			
(7)         (8)         (9)         (10)         (11)         Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain				
(8)       (9)         (10)       (11)         Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).       ►         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain				
(9)         (10)         (11)         Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain				
(10)         (11)         Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain				+
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain	(10)			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain				

Schedule D (Form 990) 2021 The Wildlands Conservancy	33-06764	150 Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er 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	27,730,912.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		i
a Net unrealized gains (losses) on investments 2a -100,2	274.	
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	2e	-100,274.
3 Subtract line 2e from line 1	3	27,831,186.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	27,831,186.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	•	
1 Total expenses and losses per audited financial statements	1	8,831,375.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		<u> </u>
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.	2e	
3 Subtract line 2e from line 1	3	8,831,375.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		0,001,0101
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,831,375.
Part XIII Supplemental Information.		

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 easements are recorded as revenue when sold. El Dorado Park in San Bernardino

County and potential easements at Blue Sky Meadow in San Bernardino County and Irvine

Mesa (Silverado) in Orange County.

#### 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 D (Form 990) 2021

SCHEDULE J	
(Form 990)	

# **Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors,	Trustees, Key E	Employees, and Hi	ighest Compensated	Employees
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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.

Open to Public Inspection

Department of the Treasury Internal Revenue Serv ce
Name of the organizat on

Part I

The Wildlands Conservancy

**Questions Regarding Compensation** 

Employer identification number

				Yes	No					
1 a	Check the appropriate box(es) if the organization provided any of the VII, Section A, line 1a. Complete Part III to provide any relevant	following to or for a person listed on Form 990, Par	t							
		Housing allowance or residence for personal u								
	Travel for companions	Payments for business use of personal resider								
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees								
	Discretionary spending account	Personal services (such as maid, chauffeur, ch	nef)							
		-								
t	If any of the boxes on line 1a are checked, did the organization follow reimbursement or provision of all of the expenses described abo	ve? If 'No,' complete Part III to explain	1b	Х						
2	Did the organization require substantiation prior to reimbursing o trustees, and officers, including the CEO/Executive Director, rega		2	х						
3	Indicate which, if any, of the following the organization used to establi Executive Director. Check all that apply. Do not check any boxes establish compensation of the CEO/Executive Director, but expla	s for methods used by a related organization to								
	Compensation committee	Written employment contract								
	Independent compensation consultant	Compensation survey or study								
	Form 990 of other organizations	Approval by the board or compensation comm	ittee							
4	During the year, did any person listed on Form 990, Part VII, Secondarization or a related organization:	ction A, line 1a, with respect to the filing								
a	Receive a severance payment or change-of-control payment?		4a		Х					
ł	Participate in or receive payment from a supplemental nonqualif	ied retirement plan?	4b		Х					
C	Participate in or receive payment from an equity-based compens	-	4c		Х					
	If 'Yes' to any of lines 4a-c, list the persons and provide the app	licable amounts for each item in Part III.								
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations m	nust complete lines 5-9.								
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the o contingent on the revenues of:	-								
a	The organization?		5a		Х					
ł	Any related organization?				Х					
	If 'Yes' on line 5a or 5b, describe in Part III.									
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the o contingent on the net earnings of:	organization pay or accrue any compensation								
a	The organization?		6a		Х					
t	Any related organization?		6b		Х					
	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 payments not described on lines 5 and 6? If 'Yes,' describe in Pa	the organization provide any nonfixed art III.	····· <b>7</b>		х					
8	Were any amounts reported on Form 990, Part VII, paid or accru to the initial contract exception described in Regulations section If 'Yes,' describe in Part III.	53.4958-4(a)(3)?			х					
9	If 'Yes' on line 8, did the organization also follow the rebuttable presu section 53.4958-6(c)?	· · · · · · · · · · · · · · · · · · ·								
BAA	BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J									

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 of W-2 ar	nd/or 1099-MISC and/o	r 1099-NEC compensatio	(D) Nontaxable	(E) Total of columns(B)(i)-(D)	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
David Myers	(i)	155,208.	0.	0.	0.	36,000.	191,208.	0.
1 President	(ii)	0.	0.	0.	0.	0.	0.	0.
Christina Sanchez	(i)	<u>92,597.</u>	<u> </u>	0.	0.	<u>5,850</u> .	98,447.	<u> </u>
2 Former CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)						L	
10	(ii)							
	(i)						L	
11	(ii)							
	(i)						L	
12	(ii)							
	(i)				$\square$		L	
13	(ii)							
	(i)						L	
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)	<b></b> -						
BAA	(11)		TEEA4102L 10/2	7/21			Schedule .	J (Form 99

33-0676450

#### Part III Supplemental Information

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.

BAA

SCHEDULE L		Transactions With Interested Persons										OMB No. 1545-0047					
(Form 99		► Complete i	f the organizat 28a, 28b, o	tion ans r 28c, c	wered '\ Form 9	res' on Form 990 990-EZ, Part V, lin	, Par 1e 38	t IV, line 25a a or 40b.	a, 25b, 1	26, 2	7,		20	21			
Department	of the Treasury enue Serv ce	► Go	28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. to www.irs.gov/Form990 for instructions and the latest information.								O		o Pub ection				
	enue Serv ce organizat on		-						Fmp	lover i	dentifica	ation nu	•				
	5	Conservancy	J							-	7645						
Part I				tion 5	01(c)(3)	), section 501	(c)(	4) and se					aania	zatio	าร		
						orm 990, Part IV,									15		
1	(a) Name of disqu	ualified person	(b) Relation		veen disqua ganizat on	lified person and		<b>(c)</b> Des	scr ption o	of trans	action			(d) Cor Yes	rected?		
(1)																	
(2)																	
(3)																	
(4)																	
(5)																	
(6)							<u> </u>										
sec	tion 4958					or disqualified pe the organization					Ŧ						
Part II	Complete if	and/or From the organization reported an am	answered 'Yes	' on For	m 990-E2	Z, Part V, line 38a 5, 6, or 22.	or F	orm 990, Pa	rt IV, lir	ne 26	; or if	the					
		h <b>(b)</b> Relat onsh p with organization	(c) Purpose of Ioan	fror	an to or m the ization?	(e) Or g nal princ pal amount	(f) Balance due		nce due		(g) In default?		? (h) Approved by board or comm ttee?		ritten ment?		
				То	From					Yes	No	Yes	No	Yes	No		
(1)																	
(2)																	
(3)																	
(4)																	
(5)																	
(6)																	
(7)																	
(8)																	
(9)																	
(10)																	
Total						▶\$											
Part III	<b>Grants o</b> Complete if	r Assistance the organization	Benefiting I answered 'Yes	nteres	<b>sted Pe</b> rm 990, P	e <b>rsons.</b> Part IV, line 27.											
	(a) Name of inter	rested person	<b>(b)</b> Relations person a	sh p betwe and the org	en intereste ganizat on	ed (c) Amou	nt of a	ssistance	<b>(d)</b> Type	e of ass	sistance	(e)	Purpos	e of ass	istance		
(1)																	
(2)																	
(3)																	
(4)																	
(5)																	
(6)																	
(7)																	
(8)																	
(9)																	
(10)																	
BAA For	Paperwork Red	Juction Act Notic	e, see the Instru	ictions	for Form	990 or 990-EZ.					Sche	dule L	(Form	n 990) (	2021		

Schedule L (Form 990) 2021 The	Wildlands Conser	vancy	33-0676450		Page 2	
Part IV Business Transactions Invo Complete if the organization answere	<b>Iving Interested Pers</b> ed 'Yes' on Form 990, Part	s <b>ons.</b> IV, line 28a, 28b, or 28c.				
(a) Name of interested person	(b) Relat onship between nterested person and the organizat on		(d) Descript on of transact on	organi	ar ng of ization s nues?	
				Yes	No	
(1) Outward Bound Adventures	Board member	124,062.	Program support		Х	
(2) Anthony Malone	Husband of Offic	128,222.	Construction		Х	
(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 \$124,062 for sponsorships, general operations, and for program support during the year. Also, Anthony Malone, the husband of the Human Resource Director, was paid \$128,222 for contracting services during the year.

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047 2021

Complete if the	organizations answered	'Yes'	on Form 990,	Part IV, I	ines 29 d	or 30.

► Attach to Form 990.

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

Open to Public Inspection

Employer identification number

33-0676450

Department of the Treasury Internal Revenue Serv ce Name of the organizat on

#### The Wildlands Conservancy

Par	t I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	od of c contril	<b>d)</b> determir bution a	ning mounts
1	Art – Works of art							
2	Art – Historical treasures							
3	Art – Fractional interests.							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities – Publicly traded	Х	3	30,732.	FMV			
10	Securities – Closely held stock							
11	Securities – Partnership, LLC, or trust interests .							
12	Securities – Miscellaneous							
13	Qualified conservation contribution – Historic structures							
14	Qualified conservation contribution – Other							
15	Real estate – Residential							
16	Real estate – Commercial							
17	Real estate – Other							
18	Collectibles.							
19	Food inventory.							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts.							
23	Scientific specimens							
24	Archeological artifacts.							
25	Other ► ()							
26	Other► ()							
27	Other► ()							
28	Other► ( )							
29	Number of Forms 8283 received by the organization of	during the tax	vear for contributions fo	r which the				
	organization completed Form 8283, Part V, Done				29			
							Yes	No
20-2	During the year, did the organization receive by contr	ibution any n	roperty reported in Part I	lines 1 through 28 that				
30a	it must hold for at least three years from the date							
	for exempt purposes for the entire holding period					30 a		Х
b	If 'Yes,' describe the arrangement in Part II.							
31	Does the organization have a gift acceptance poli	,	5		ns?	31		Х
	Does the organization hire or use third parties or contributions?	•	· · · ·			32 a		Х
	If 'Yes,' describe in Part II.							
33	If the organization didn't report an amount in colu describe in Part II.	ımn (c) for a	type of property for wh	hich column (a) is chec	ked,			
BAA	For Paperwork Reduction Act Notice, see the Ins	structions fo	r Form 990.		Schedu	le M (	Form 99	0) 2021

33-0676450 Page 2 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

OMB No. 1545-0047 2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organizat or

The Wildlands Conservancy

Employer identification number 33-0676450

#### Form 990. Part III. Line 4a - Program Service Accomplishments

Preserve Management: Stewarding of parkland and wilderness preserves that are open to over 1,500,000 visitors per year for free. In working to achieve this mission, the Conservancy has established the largest nonprofit nature preserve system in California, comprised of 23 preserves encompassing nearly 200,000 acres of diverse mountain, valley, desert, river, and oceanfront landscapes. Since the Conservancy believes that access to nature is a birthright, these preserves are open to the public free of charge for passive recreation, including camping, hiking, picnicking, The Conservancy's motto "Behold the Beauty" is also the name of birding, and more. the program that seeks to engage visitors and supporters to be inspired by these magnificent landscapes to bring beauty into their daily lives and to share the At many of its preserves, the Conservancy employs a mission to inspire others. full-time staff of friendly and knowledgeable rangers and stewards, available to engage with visitors while stewarding the land. Each year these rangers work side-by-side with hundreds of volunteers, logging thousands of hours, restoring and maintaining these unique and important properties.

#### Form 990, Part III, Line 4c - Program Service Accomplishments

Providing outdoor, environmental education: For more than two decades, the Conservancy has been Southern California's leader in providing free outdoor education programs to underserved youth. Since the inception of city life, people have sought refuge from its commotion by retreating to nature and the great An educational journey begins the moment a child steps outdoors and outdoors. begins to wonder and think far beyond the textbook. Nature holds a mirror to our human sympathies, reflecting the kind, just, and loving qualities that elevate the human mind. After a quality outdoor learning experience, children return home with

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organizat on	Employer identification number
The Wildlands Conservancy	33-0676450

#### Form 990, Part III, Line 4c - Program Service Accomplishments

trips to week-long science school, more than 1.3 million children partipcated in an outdoor education experience provided by the Conservancy since 1995. Annually, more than 60,000 youth participate in educational opportunities at a Conservancy preserve, from self-guided exploratation through interactive interpetive signage to naturalist-guided field trips and programs. Since the pandemic, new preserve-based programs focus on providing visiting families and individuals with educational opportunities.

#### 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, 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.

#### SCHEDULE R (Form 990)

### Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990.

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

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Serv ce

Name of the organizat on

The Wildlands Conservancy

### Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
Holding Real				
Property for				
Conservation				The Wildlands
Purposes	CA	0.	890.	Conservancy
-	Primary activity Holding Real Property for Conservation	Holding Real       Property for       Conservation	or foreign country) Holding Real Property for Conservation	or foreign country)       Holding Real       Property for       Conservation

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Sec 512 controlled	<b>))</b> (b)(13) d entity?
						Yes	No
<u></u>							
(3)							
<u>(4)</u>							

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

#### Schedule R (Form 990) 2021 The Wildlands Conservancy

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	excluded fro under secti	elated, inco m tax ons	of total	Sha end-o	<b>g)</b> re of of-year sets	Dispr	ate	(i) Code V-UBI amount in bo 20 of Schedul K-1 (Form	<b>(j)</b> Gener mana e partn	al or F ging	<b>(k)</b> Percentage ownership
		country)		512-514	)				Yes	No	1065)	Yes	No	
<u>(1)</u>														
(2)														
(2)														
	-													
(3)														
<b>Part IV</b> Identification of line 34, because	of Related Organ se it had one or	nizations more rela	Taxable as ated organiz	a Corporation ations treate	o <b>n or Trust.</b> C d as a corpora	omplete ation or	if the c trust du	organiza uring the	tion a tax y	nswei ear.	red 'Yes' on	Form 99	0, Par	t IV,
(a) Name, address, and EIN	of related organizat	ion Prim	(b) ary activity	<b>(c)</b> Legal domicile state or foreign	<b>(d)</b> Direct controlling	(e Type o (C corp,	f entity	<b>(f)</b> Share total in			(g) are of end-of-	(h) Percentage	Sec 5	<b>(i)</b> 12(b)(13) led entity?
				country)	entity	or tr	rust)	lotal III	come	-	year assets	ownership	Yes	
(1)													Tes	NO
<u>`</u>														

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of- year assets	<b>(h)</b> Percentage ownership	(i) Sec 512 controlled	<b>)</b> (b)(13) d entity?
		country)	Childy	01 (1031)				Yes	No
(1)									
	t								
	ł								
<u>(2)</u>	-								
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(3)									
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### Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations list	sted in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1 a		Х			
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1 b		Х			
c Gift, grant, or capital contribution from related organization(s)			1 c		Х			
d Loans or loan guarantees to or for related organization(s)			1 d		Х			
e Loans or loan guarantees by related organization(s)			1 e		Х			
f Dividends from related organization(s)			1 f		Х			
g Sale of assets to related organization(s)			1 g		Х			
h Purchase of assets from related organization(s)			1 h		Х			
i Exchange of assets with related organization(s)			1i		Х			
j Lease of facilities, equipment, or other assets to related organization(s)			1j		Х			
k Lease of facilities, equipment, or other assets from related organization(s)			1 k		Х			
I Performance of services or membership or fundraising solicitations for related organization(s)								
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
o Sharing of paid employees with related organization(s)								
p Reimbursement paid to related organization(s) for expenses								
<b>q</b> Reimbursement paid by related organization(s) for expenses.			1 q		Х			
r Other transfer of cash or property to related organization(s)								
s Other transfer of cash or property from related organization(s)								
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cover	ed relationships and tran							
(a) Name of related organization								
	type (a-s)	a	mount		eu			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
BAA TEEA5003L 09/21/21		Schedule F	(Forn	n 990)	2021			

#### **Part VI** Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Dispropor- tionate allocations?		amount in box	(j) General or managing partner?		<b>(k)</b> Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	Ī
(1)													
	-												
	1												
(2)													
	-												
	-												
(3)													
	-												
	-												
(4)													
	1												
(5)													
	-												
	-												
(6)													
	-												
(7)													
(8)				1				1					
	-												
RAA										Schodu			

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Provide additional information for responses to questions on Schedule R. See instructions.