Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

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2010

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8879EO for the latest information.

20 19

Name of exempt organization	Employer ide	entification number
WILD EARTH WILDERNESS SCHOOL	20-16	75636
Name and title of officer MICAH BLUMENTHAL PRESIDENT		
Part I Type of Return and Return Information (Whole Dollars Only)		
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, fror on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, the whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable than one line in Part I.	nen leave line line below.	e 1b, 2b, 3b, 4b, or 5b, Do not complete more
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)		
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)		
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)		
5a Form 8868 check here b Balance Due (Form 8868, line 3c)		
Part II Declaration and Signature Authorization of Officer		
further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in process the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an elebit) entry to the financial institution account indicated in the tax preparation software for payment of the organizat return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. To 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial insprocessing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return organization's consent to electronic funds withdrawal. Officer's PIN: check one box only	ne IRS and to ssing the retu ectronic func- tion's federal freasury Fina stitutions inv resolve issue	o receive from the IRS urn or refund, and (c) ds withdrawal (direct taxes owed on this ancial Agent at rolved in the es related to the
X authorize FOSTER & SCHMALKUCHE, P.C.	to enter my l	PIN 75636
ERO firm name	io onto my i	Enter five numbers, bu
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also auth enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 el indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charit program, I will enter my PIN on the return's disclosure consent screen.		
Officer's signature ▶ Date ▶		
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 14028744550 Do not enter all zeros		
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) e-file Providers for Business Returns.	-	
ERO's signature ▶ Date ▶		
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do S	 30	

EXTENDED TO JULY 15, 2021

Form 990 (Rev. Januaria

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Rev	ı. Janı	uary 2020)	Do not enter social security numbers on this form as it ma	v be made public.	On an to Dublic							
epar	rtment o	of the Treasury nue Service	-	Open to Public Inspection								
			■ Go to www.irs.gov/Form990 for instructions and the late ar year, or tax year beginning SEP 1, 2019 and ending	AUG 31, 2020	mopoduom							
3 c	heck if	C Name of	f organization	D Employer identifie	cation number							
	Addre	ss WTT.D	EARTH WILDERNESS SCHOOL									
	_chang _Name		usiness as	20-16756	3.6							
	_chang _Initial											
	Treturn Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 2307 LUCAS TURNPIKE (845) 256-											
	اreturn. termin ated	-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,123,847.							
	∖Amen	ded utcu	FALLS, NY 12440	H(a) Is this a group re								
	_return		nd address of principal officer: MICAH BLUMENTHAL	for subordinates								
	_tion pendir		AS C ABOVE	H(b) Are all subordinates in	—							
ı T	ax-ex	empt status:			list. (see instructions)							
			WILDEARTH.ORG	H(c) Group exemptio								
					1 State of legal domicile; NY							
Pa	rt I	Summary		car or formation.	otate of legal dofficile, 242							
			be the organization's mission or most significant activities: SEE SCHEI	OULE O								
9	•	briefly describ	the organization's mission of most significant activities.	7011 0								
Governance	2	Check this ho	x if the organization discontinued its operations or disposed of mo	ore than 25% of its net ass	eate							
ē					11							
용					11							
∞ ∞			dependent voting members of the governing body (Part VI, line 1b)		107							
Activities &			of individuals employed in calendar year 2019 (Part V, line 2a)		2							
≣∣			of volunteers (estimate if necessary)		0.							
됩			d business revenue from Part VIII, column (C), line 12									
\dashv	b	Net unrelated	business taxable income from Form 990-T, line 39		0.							
				Prior Year	Current Year							
او			and grants (Part VIII, line 1h)	1,376,615.	1,331,236.							
Revenue		•	ce revenue (Part VIII, line 2g)	865,920.	775,302.							
اچ			come (Part VIII, column (A), lines 3, 4, and 7d)	6,001.	593.							
٦	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,926.	9,593.							
_			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,246,610.	2,116,724.							
			milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.							
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.							
ဖွ			r compensation, employee benefits (Part IX, column (A), lines 5-10)	997,848.	1,120,147.							
use	16a	Professional for	undraising fees (Part IX, column (A), line 11e)	0.	0.							
Expenses			ing expenses (Part IX, column (D), line 25)									
ώ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	730,657.	718,249.							
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,728,505.	1,838,396.							
		Revenue less	expenses. Subtract line 18 from line 12	518,105.	278,328.							
t Assets or d Balances				Beginning of Current Year	End of Year							
Sets	20	Total assets (F	Part X, line 16)	1,700,363.	2,171,225.							
SEG SEG	21	Total liabilities	s (Part X, line 26)	672,927.	865,461.							
			fund balances. Subtract line 21 from line 20	1,027,436.	1,305,764.							
Pa	rt II	Signature	e Block									
Inde	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules and state	ements, and to the best of my	knowledge and belief, it is							
rue,	correc	ct, and complete.	. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.								
Sigr	1	Signature	e of officer	Date								
lere		▶ MICA	H BLUMENTHAL, PRESIDENT									
			print name and title									
		Print/Type prep	parer's name Preparer's signature	Date Check	PTIN							
aid			CK W. SCHMALKUCHE	if self-employ	P01264079							
	arer		FOSTER & SCHMALKUCHE, P.C.		14-1650555							
	Only		PO BOX 300	I IIIII 3 LIIV								

X Yes No

Phone no. (845) 255-1813

GARDINER, NY 12525

May the IRS discuss this return with the preparer shown above? (see instructions)

. u	Check if Schedule O contains a response or note to any line in this Part III	\neg
1	Briefly describe the organization's mission:	
•	WILD EARTH LEADS TRANSFORMATIVE NATURE IMMERSION EXPERIENCES THAT	
	CULTIVATE CHARACTER, CONFIDENCE, PASSION AND PERSEVERANCE IN NEW	
	YORK'S YOUTH.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,529,281 • including grants of \$) (Revenue \$789,230	•)
	WILD EARTH ENGAGES YOUTH, TEENS, ADULTS AND FAMILIES IN EMPOWERING	
	YEAR-ROUND NATURE IMMERSION EXPERIENCES IN NEW YORK'S HUDSON VALLEY.	
	AT WILD EARTH, CHILDREN AND ADULTS HEAD INTO THE WOODS AND OFF THE	
	TRAILS, WHERE THEY MEET PLANTS AND ANIMALS, LEARN WILDERNESS SKILLS,	
	CREATE NATURAL CRAFTS, AND BUILD DEEP CONNECTIONS WITH FRIENDS AND	
	INSPIRING MENTORS. THESE PROGRAMS BUILD CURIOSITY, PASSION AND	
	PURPOSE, AND FOSTER AN ORIENTATION TOWARD SERVICE AND A SENSE OF	
	BELONGING TO COMMUNITY AND TO THE EARTH. WITH STRONG CHARACTER AND	
	MEANINGFUL CONNECTIONS, WILD EARTH YOUTH ARE WELL PREPARED TO ACHIEVE	
	INDIVIDUAL EXCELLENCE, BECOME AGENTS OF POSITIVE CHANGE AND THRIVE	
	INDIVIDUALLY AND IN SOCIETY. WILD EARTH SERVES APPROXIMATELY 3,400	
	PEOPLE.	
4b	(Code:) (Expenses \$)
4-		
4c	(Code:) (Expenses \$	— ⁾
4d	Other program services (Describe on Schedule O.)	
-ru	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,529,281.	
	Total program service expenses P	

Form 990 (2019) WILD EARTH WILDERNESS SCHOOL Part 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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l	v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	-
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			_V
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	_X_	Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	115		x
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		125
ıza	, ,	12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	21	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	4-0/1/4/4/49	13		X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		1 74		T
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Form 990 (2019)

Part IV	Checklist of Required Schedules	(continued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			₩.
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			
	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 22			
b				
С			v	
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2019) WILD EARTH WILDERNESS SCHOOL Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	107			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority	over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)	?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccounts	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			_		\
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution are expressed to the distribution of the state of the			OI:		
7	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	vione pro	wided to the payor?	70		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes," did the organization notify the donor of the value of the goods or services provided?			<u>7a</u> 7b		1
D	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7.0		
·	to file Form 8282?	•		7с		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
40-	amounts due or received from them.)	11b		40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			104		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the second in the second of the second o			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income	?	16		Х
	If "Yes," complete Form 4720, Schedule O.					

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

						X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th	e direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect or	point o	ne or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhol	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before	e filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," de	escribe			
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approve	al by inc	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		Х
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	nent wi	th a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its pa	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	s			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶NY					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain	n on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	records >			
	DAVID BROWNSTEIN - (845)256-9830					
	2307 LUCAS TURNPIKE HIGH FALLS NY 12440					

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

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

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

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

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

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

(A)	(B)	l		((C)		isatt	(D)	(E)	(F)
Name and title	Average hours per	box	not cl	Pos heck i ss per	ition more rson is	than of s both or/trus	n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MICAH BLUMENTHAL	5.00									•
PRESIDENT	2 00	Х		Х				0.	0.	0.
(2) MATT ELKIN	3.00	. ,		37					0	0
(3) ANNE LINNEMAN	3.00	Х		Х				0.	0.	0.
TREASURER	3.00	Х		х				0.	0.	0.
(4) MISCHA COHN	3.00	Λ		Δ				· ·	0.	<u> </u>
BOARD MEMBER	3.00	Х		х				0.	0.	0.
(5) LAURA DENEY	3.00			-25				•	•	<u>. </u>
BOARD MEMBER	3.00	х						0.	0.	0.
(6) STEVENSON ESTIME	3.00								•	
BOARD MEMBER		Х						0.	0.	0.
(7) AJA HUDSON	3.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JOEL OPPENHEIMER	3.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ROVIKA RAJKISHUN	3.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JASON STERN	3.00									
BOARD MEMBER		Х						0.	0.	0.
(11) DOREE LIPSON	3.00	1						_		_
VICE-PRESIDENT		Х						0.	0.	0.
(12) DAVID BROWNSTEIN	40.00	-						50 450		
EXECUTIVE DIRECTOR				Х				79,472.	0.	0.
		-								
		-								
			\vdash		\vdash	\vdash	\vdash			
		1								
					 	\vdash	\vdash			
		1								
		1								
	ı		_					L	I.	000

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Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	anc	<u>iH t</u>	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)			(0	C)			(D)	(E)	(F	-)
Name and title	Average	(da		Pos				Reportable	Reportable		nated
	hours per	box	, unle	ss per	rson i	than o	n an	compensation	compensation	1	unt of
	week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related	oth	ner
	(list any	ector						the	organizations	compe	nsation
	hours for	Individual trustee or director	a.			ted		organization	(W-2/1099-MISC)	from	the
	related	stee (ruste			bensa		(W-2/1099-MISC)		"	zation
	organizations below	al tru	Institutional trustee		Key employee	Highest compensated employee				and re	
	line)	dividu	itati	Officer	/ emp	hest	Former			organiz	zations
	III IC)	Ĕ	Ë	5	, Ke	E E	요				
		-									
		1									
						_				-	
		-									
		1									
		1									
				-		-					
		1									
1b Subtotal			I	I		I	•	79,472.	0.		0.
c Total from continuation sheets to Part VI							-	0.	0.		0.
d Total (add lines 1b and 1c)							•	79,472.	0.		0.
2 Total number of individuals (including but no							o re	•	000 of reportable		
compensation from the organization									<u> </u>		0
										Y	es No
3 Did the organization list any former officer,	director, trust	ee, k	кеу є	empl	loye	e, or	hig	hest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for si										3	<u> </u>
4 For any individual listed on line 1a, is the su										_	37
and related organizations greater than \$150),000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	for such individual		4	X
5 Did any person listed on line 1a receive or a										5	х
rendered to the organization? If "Yes." com Section B. Independent Contractors	piete Schedule	9 <i>J T</i>	or st	ıcn <u>ı</u>	oers	on .				3	
Complete this table for your five highest contains the second secon	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	S100,000 of compens	ation from	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.		
(A)								(B)		(C)	
Name and business	address	N	ONE	<u> </u>			_	Description of s	services	Compensa	ition
							-				
2 Total number of independent contractors (in	ncluding but n	ot lir	nited	d to		_	ted	above) who received mo	ore than		
\$100,000 of compensation from the organization	zation 🕨				()				_ ^^	0 (0010)
										uu	4 1 (0040)

		Check if Schedule O con	ntains a response o	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						iunction revenue	business revenue	sections 512 - 514
Siα	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b							
ဇ် ဋ								
fts,		Related organizations						
ië ië		0						
Sin		All other contributions, gifts, gra						
e E	'	similar amounts not included ab		331,236.				
흡	_			14,046.				
o d	g		•		1,331,236.			
O a	n	Total. Add lines 1a-1f		Business Code	1,331,230.			
		EDITORMIONAL DD	OCDAMC		775,302.	775 202		
<u>ic</u>	2 a		OGRAMS	611600	113,302.	775,302.		
er v	b	-						
n Si	С							
ran Sev	d							
Program Service Revenue	е							
₫	f	All other program service rev	venue					
	g	Total. Add lines 2a-2f)	775,302.			
	3	Investment income (including	g dividends, interes	st, and				
		other similar amounts)			593.			593.
	4	Income from investment of ta	ax-exempt bond pr	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents 6	ia					
	b	Less: rental expenses 6	di					
	С	· · · · · · ·	ic					
	d	Net rental income or (loss)		>				
		Gross amount from sales of	(i) Securities	(ii) Other				
			a					
	b	Less: cost or other basis	-					
<u>o</u>	_	and sales expenses 7	'b					
Revenue	c	Gain or (loss) 7						
ě		Net gain or (loss)						
౼		Gross income from fundraising 6						
)ther	o a		`					
0		contributions reported on line						
		Part IV, line 18	, I I	0.				
	h	Less: direct expenses		4,335.				
		Net income or (loss) from fun		±,333.	-4,335.			-4,335.
		Gross income from gaming a		······	=,555			- ,,,,,,
	Jd							
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gar		·····				
	10 a	Gross sales of inventory, less		1 002				
		and allowances						
		Less: cost of goods sold		2,788.	005	005		
\rightarrow	С	Net income or (loss) from sale	les of inventory	D	-905.	-905.		
<u>s</u>		OMITED 25555		Business Code	14 022	14 022		
Miscellaneous Revenue	11 a	OTHER REVENUE		611600	14,833.	14,833.		
an enr	b							
Sel Sev	С							
Mis		All other revenue	· · · · · · · · · · · · · · · · · · ·		14 000			
\perp	е	Total. Add lines 11a-11d			14,833.	700 222		2 - 12
	12	Total revenue. See instructions			2,116,724.	789,230.	0.	-3,742.

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respons			· · · · · · · · · · · · · · · · · · ·	
	not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D) .
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		одролюсь	general expenses	<u> </u>
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	94,662.	52,064.	14,199.	28,399.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	810,117.	672,050.	115,415.	22,652.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	14,655.	10,553.	2,486.	1,616.
9	Other employee benefits				
10	Payroll taxes	200,713.	160,628.	28,763.	11,322.
11	Fees for services (nonemployees):				
а	Management				
	Legal	16,490.		16,490.	
	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	30,925.		16,600.	14,325.
12	Advertising and promotion	26,597.	26,597.		
13	Office expenses	41,726.	33,083.	7,713.	930.
14	Information technology				
15	Royalties				
16	Occupancy	32,546.	26,046.	4,664.	1,836.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	8,250.		8,250.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,606.	22,894.	4,099.	1,613.
23	Insurance	34,945.	30,648.	3,297.	1,000.
24	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 expenses on Schedule 0.)				
а	FINANCIAL AID	371,981.	371,981.		
b	PROGRAM/CAMP SUPPLIES	67,653.	67,653.		
С	LAND RENTAL	27,206.	27,206.		
d	PROFESSIONAL DEVELOPMEN	9,330.	7,467.	1,337.	526.
е	All other expenses	21,994.	20,411.	1,214.	369.
25	Total functional expenses. Add lines 1 through 24e	1,838,396.	1,529,281.	224,527.	84,588.
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)				
00001	0.01-20-20				Form 990 (2019)

Form 990 (2019)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	12,464.	1	13,669.		
	2	Savings and temporary cash investments			189,519.	2	232,725.
	3	Pledges and grants receivable, net			750.	3	
	4	Accounts receivable, net			70,628.	4	56,572.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe				6	
v	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
	9	5			11,259.	9	14,436.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,135,162.			
	b	Less: accumulated depreciation		50,464.	1,091,750.	10c	1,084,698.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	28,352.	12	534,104.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	295,641.	15	235,021.		
	16	Total assets. Add lines 1 through 15 (must equ	1,700,363.	16	2,171,225.		
	17	Accounts payable and accrued expenses	4,112.	17	4,009.		
	18	Grants payable				18	
	19	Deferred revenue			393,815.	19	359,352.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
ja b		controlled entity or family member of any of the			275 222	22	225 000
_	23	Secured mortgages and notes payable to unrel			275,000.	23	325,000.
	24	Unsecured notes and loans payable to unrelate				24	177,100.
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D			672,927.	25	865,461.
	26	Total liabilities. Add lines 17 through 25	I - I	▶ ▼	0/2,92/•	26	003,401.
ģ		Organizations that follow FASB ASC 958, che	eck nere				
nce	0.7	and complete lines 27, 28, 32, and 33.			995,436.	07	1 074 264
<u>a</u>	27				32,000.	27 28	1,074,264. 231,500.
В В	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 9		ok horo	32,000.	20	231,300.
Ë		and complete lines 29 through 33.	256, CHE	ck fiere			
Þ	20					29	
əts	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or e				30	
1556	30 31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32				1,027,436.	32	1,305,764.
Ž	33				1,700,363.	33	2,171,225.
	აა	rotal liabilities and het assets/fund balances		±,,,,,,,,,,,,	აა	2,11,22,	

Pai	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,11				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,83	8,3 8,3	<u>96.</u>		
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,02	7,4	<u>36.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1,30	5,7	64.		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_ X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing						
	Act and OMB Circular A-133?	-	За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2019)		

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
WILD EARTH WILDERNESS SCHOOL

 $Employer\ identification\ number\\20-1675636$

Pa	rt I	Reason for Public 0	Charity Status 🖟	All organizations must co	omplete th	is part.) Se	e instructions.					
The	orgar	nization is not a private found	ation because it is: (F	For lines 1 through 12. cl	heck only	one box.)						
1	\sqcap	A church, convention of ch	•	•	•	,	IVAVi).					
2	H						·//· ·//·					
_	H		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
3	\mathbb{H}		•					4h - h :4 - 1/				
4		A medical research organization	ation operated in cor	njunction with a nospital	aescribea	in sectio	n 1/0(b)(1)(A)(III). Enter	the nospital's name,				
		city, and state:	•									
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental unit describe	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7		An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)							
9	H	An agricultural research org				ed in coni	inction with a land-grant	college				
Ŭ		or university or a non-land-g				_	-	-				
		· · · · · ·	rant conege or agrici	uiture (see iristructioris).	Litter the	name, city	, and state of the college	, OI				
40	▽	university:	U	H 00 4 /00/ - 5 H				al anno anno anno anno anno anno anno an				
10	X	An organization that norma										
		activities related to its exem	•	•	` '		• •	•				
		income and unrelated busir		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.				
	_	See section 509(a)(2). (Cor	mplete Part III.)									
11	Ш	An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in				
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and 12g.					
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving				
		the supported organization	on(s) the power to red	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting				
		organization. You must o			, ,							
b		Type II. A supporting org			ion with it	s sunnorte	d organization(s) by hav	vina .				
		control or management o										
		organization(s). You mus			arric perso	iis triat coi	inor or manage the supp	Jorted				
_		¬ · · · · · · · · · · · · · · · · · · ·			in connect	مطانيي مما	and functionally integrate	ما در الم				
С							• •	ea with,				
_		its supported organization		·								
d							• • • • •					
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	luirement and an attenti	veness				
	_	requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.						
f	Ent	er the number of supported o	organizations									
g		vide the following information	about the supporte	d organization(s).								
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orgain your govern	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				

<u>Total</u>

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						_
	ction B. Total Support		•	•	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities, e	etc. (see instruction	ons)		•	12	
	First five years. If the Form 990 is for	•				n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Public	Support Per	centage				
14	Public support percentage for 2019 (lin	ne 6, column (f) di	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2019. If the or	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	and
	stop here. The organization qualifies a		-				
b	33 1/3% support test - 2018. If the or	rganization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qualif	ies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	- 2019. If the org	ganization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10% o	or more,
	and if the organization meets the "fact		•	•	•	•	
	meets the "facts-and-circumstances" to	est. The organiza	tion qualifies as a	publicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2018. If the org	ganization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	e "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explai	n in Part VI how the	
	organization meets the "facts-and-circu	umstances" test.	The organization of	qualifies as a public	cly supported orga	nization	▶□
18	Private foundation. If the organization	ı did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	• >

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	etion A. Public Support	ciow, picase comp	ioto i uit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and		• •	• •	• •	• •	• • • • • • • • • • • • • • • • • • • •
	membership fees received. (Do not include any "unusual grants.")	222,041.	266,280.	681,033.	1376047.	1334236.	3879637.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	547,330.	612,452.	745,548.	869,595.	779,185.	3554110.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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	769,371.	878,732.	1426581.	2245642.	2113421.	7433747.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						7433747.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	769,371.	878,732.	1426581.	2245642.	2113421.	7433747.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	737.	840.	2,336.	6,001.	593.	10,507.
t	Unrelated business taxable income (less section 511 taxes) from businesses			,	,		,
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	737.	840.	2,336.	6,001.	593.	10,507.
12	Other income. Do not include gain or loss from the sale of capital		1,734.	2,856.	3,941.	14,833.	23,364.
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	770,108.	881,306.	1431773.	2255584.	2128847.	7467618.
	First five years. If the Form 990 is for		•				
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (li	ne 8, column (f), di	vided by line 13, o	olumn (f))		15	99.55 %
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					Г	
	Investment income percentage for 20			ne 13, column (f))		17	.14 %
	Investment income percentage from 2	•				18	%
19a	33 1/3% support tests - 2019. If the						► V
t	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	-	-	•	•		
	line 18 is not more than 33 1/3%, che	ck this box and st e	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	>
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 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 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 (b) and (c) below.
- **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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** 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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 10b below.
 - **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.)

	Yes	No
1		
2		
За		
3b		
20		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
3		
9a		
9b		
9c		
10a		
10b		
990 or 99	0-EZ)	2019

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		
Sec	tion 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		
Sec	tion 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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 instruction)	ons).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
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.	3b		

Pai	rt V	Type III Non-Functionally Integrated 509(a)(3) Supporting	Organ	nizations	
1		Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. All
		other Type III non-functionally integrated supporting organizations must con-	nplete Se	ctions A through E.	
Sect	ion A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net s	short-term capital gain	1		
2	Reco	overies of prior-year distributions	2		
3	Othe	r gross income (see instructions)	3		
4	Add	lines 1 through 3.	4		
5	Depr	eciation and depletion	5		
6	Porti	on of operating expenses paid or incurred for production or			
	colle	ction of gross income or for management, conservation, or			
	main	tenance of property held for production of income (see instructions)	6		
7	Othe	r expenses (see instructions)	7		
8	Adju	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggr	egate fair market value of all non-exempt-use assets (see			
	instru	uctions for short tax year or assets held for part of year):			
а	Avera	age monthly value of securities	1a		
b	Avera	age monthly cash balances	1b		
С	Fair r	market value of other non-exempt-use assets	1c		
d	Tota	I (add lines 1a, 1b, and 1c)	1d		
е	Disc	ount claimed for blockage or other			
	facto	rs (explain in detail in Part VI):			
2	Acqu	sisition indebtedness applicable to non-exempt-use assets	2		
3	Subt	ract line 2 from line 1d.	3		
4	Cash	deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see ii	nstructions).	4		
5	Net v	value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multi	ply line 5 by .035.	6		
7	Reco	overies of prior-year distributions	7		
8	Mini	mum Asset Amount (add line 7 to line 6)	8		
Sect	ion C	- Distributable Amount			Current Year
1	Adju	sted net income for prior year (from Section A, line 8, Column A)	1		
2	Ente	r 85% of line 1.	2		
3	Minir	num asset amount for prior year (from Section B, line 8, Column A)	3		
4		r greater of line 2 or line 3.	4		
5	Incor	me tax imposed in prior year	5		
6		ibutable Amount. Subtract line 5 from line 4, unless subject to			
	emer	gency temporary reduction (see instructions).	6		
7		Check here if the current year is the organization's first as a non-functionally	integrate	ed Type III supporting orga	nization (see
		instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
-	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17a or 17b: Part III, line	- rage o
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Seline 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	ection C,
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:	
OTHER REVENUE	
2016 AMOUNT: \$ 1,734.	
2017 AMOUNT: \$ 2,856.	
2018 AMOUNT: \$ 3,941.	
2019 AMOUNT: \$ 14,833.	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WILD EARTH WILDERNESS SCHOOL

Employer identification number 20-1675636

Par	t I Organizations Maintaining Donor Advised	funds or Other Simil	ar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised fur	nds	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in	donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant fu	ınds can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any oth	ner purpose conferr	ing
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on	Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) Pre	eservation of a histo	orically important land area
	Protection of natural habitat	Pre	eservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution	in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a his	storic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminate	nated by the organi	zation during the tax
	year >			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection,	handling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and en	forcing conservation	n easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforci	ng conservation ea	sements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's finar	ncial statements the	at describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Traceu	ros or Othor S	imilar Accots
гаі	Complete if the organization answered "Yes" on Form	•	ies, or Other S	illilai Assets.
4-				and a classification of the control
па	If the organization elected, as permitted under FASB ASC 958	·		
	of art, historical treasures, or other similar assets held for publication and the first state of the forest had been decided in the first state of the forest had been decided in the first state of the forest had been decided in the first state of the forest had been decided in the first state of	·		ice of public
	service, provide in Part XIII the text of the footnote to its finance			about weeks of
b	If the organization elected, as permitted under FASB ASC 958	· ·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or rese	earch in furtherance	of public service,
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			
•				· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical trea			provide
_	the following amounts required to be reported under FASB AS			•
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			▶ \$

Pa	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	r Asset	(contin	ued)	
3	Using the organization's acquisition, accession									,	
	collection items (check all that apply):										
а	a Public exhibition d Loan or exchange program										
b	Scholarly research	e	, 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pa	rt IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered '	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	contribution	s or other ass	sets not i	included		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:				ı			
									Amount		
С	Beginning balance						. <u>1c</u>				
d	Additions during the year						. 1d				
е	Distributions during the year						. <u>1e</u>				
f	Ending balance								_		
2 a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liabil	ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pa	rt V Endowment Funds. Complete i								1		
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years	<u>back</u>
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1g	ı, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment										
С		%									
	The percentages on lines 2a, 2b, and 2c sho	•									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held ar	nd administer	ed for th	e organiz	ation	г		
	by:									Yes	<u>No</u>
	(i) Unrelated organizations								3a(i)	\longrightarrow	
	(ii) Related organizations								3a(ii)	\longrightarrow	
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Do	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment fu	unds.							
Pai							40				
	Complete if the organization answere										
	Description of property	(a) Cost or o			t or other	٠,	ccumulat	II	(d) Book	(value	€
		basis (investr	nent)		(other)	ae	preciation		F 77 *	<u> </u>) E
_	Land			57	3,935.				5/3), y :	<u>35.</u>
b	Buildings			F 4	6 722		11 ^	40	F 0 F		O.F.
C	Leasehold improvements			54	6,733.		41,0	40.	505	5,68	<u>, , , , , , , , , , , , , , , , , , , </u>
	Equipment	I		1	1 101		0 4	16	-	- ^'	70
	Other				4,494.		9,4	TO•	1,084	5,07	
ı ota	I. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part	X colum	n (R) line 1	Oc)				1 , U04	. 0 `	<i>,</i> 0 •

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 WILD EARTH	WILDERNESS SCI	HOOL 20	-1675636 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	524 404		
(A) MONEY ACCOUNT	534,104.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(G)			
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	534,104.		
Part VIII Investments - Program Related.	334,104.		
Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 000 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)	(-,	(0)	· , · · · · · · · · · · · · · · · · ·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) SECURITY DEPOSIT			2,100.
(2) PLEDGES RECEIVABLE			232,921.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			025 021
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e <i>15.</i>)	<u> </u>	235,021.
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)			1
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (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 tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(7) (8) (9)

Par	rt XI	Reconciliation of Revenue per Audited Financial Statement	s Wit	th Rev	venue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total r	evenue, gains, and other support per audited financial statements				1	2,123,847.
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:					
а		realized gains (losses) on investments	2a				
b		ed services and use of facilities	2b			_	
С		eries of prior year grants	2c		F 100	_	
d		(Describe in Part XIII.)	2 d		7,123.		7 100
е		nes 2a through 2d				2e	7,123. 2,116,724.
3		act line 2e from line 1				3	2,110,724.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	ا ما	I			
a		ment expenses not included on Form 990, Part VIII, line 7b	4a			-	
b		(Describe in Part XIII.)	4b	L		40	0.
C		nes 4a and 4b				4c	2,116,724.
5 Pa	rt XII	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statemen	ts W	ith Ex	penses per l		
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total	expenses and losses per audited financial statements				1	1,845,519.
2		nts included on line 1 but not on Form 990, Part IX, line 25:					
– a		ed services and use of facilities	2a	1			
b		ear adjustments	2b				
c		osses	2c				
d		(Describe in Part XIII.)	2d		7,123.		
е	Add lir	nes 2a through 2d				2e	7,123.
3		ct line 2e from line 1				3	1,838,396.
4		nts included on Form 990, Part IX, line 25, but not on line 1:					
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other	(Describe in Part XIII.)	4b				
С	Add lir	nes 4a and 4b				4c	0.
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	1,838,396.
		Supplemental Information.					
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV				1; Part >	K, line 2; Part XI,
lines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal int	tormatio	on.		
PAF	איי אי	I, LINE 2D - OTHER ADJUSTMENTS:					
COS	ST O	F SALES					2,788.
							,
FUI	NDRA:	ISING EXPENSES					4,335.
							•
TOT	ral '	TO SCHEDULE D, PART XI, LINE 2D					7,123.
PAI	RT X	II, LINE 2D - OTHER ADJUSTMENTS:					
COS	ST O	FSALES					2,788.
							4 00-
t'Ul	NDRA:	ISING EXPENSES					4,335.
ш^-	na <i>t 1</i>						7 100
.T.O,	ĽАЬ '	O SCHEDULE D, PART XII, LINE 2D					7,123.

Schedule D (Form 990) 2019	WILD EARTH	WILDERNESS	SCHOOL	20-1675636 Page 5
Schedule D (Form 990) 2019 Part XIII Supplemental Infor	mation (continued)			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Inspection

Name of the organization

WILD EARTH WILDERNESS SCHOOL

Employer identification number 20-1675636

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WILD EARTH LEADS TRANSFORMATIVE NATURE IMMERSION EXPERIENCES THAT
CULTIVATE CHARACTER, CONFIDENCE, PASSION AND PERSEVERANCE IN NEW YORK'S
YOUTH
FORM 990, PART VI, SECTION B, LINE 11B:
990 IS REVIEWED BY BOARD MEMBERS DURING A REGULARLY SCHEDULED BOARD MEETING
FORM 990, PART VI, SECTION B, LINE 12C:
POLICY IS MONITORED BY EXECUTIVE DIRECTOR
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST TO THE ORGANIZATION

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

AUGUST 31, 2020

PREPARED FOR:

WILD EARTH WILDERNESS SCHOOL 2307 LUCAS TURNPIKE HIGH FALLS, NY 12440

PREPARED BY:

FOSTER & SCHMALKUCHE, P.C. PO BOX 300 GARDINER, NY 12525

AMOUNT OF TAX:

BALANCE DUE OF \$275

MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2019

Open to Public Inspection

1.General Information

For Fiscal Year Beginning (mm/dd/yyyy) 09/01/2019 and Ending (mm/dd/yyyy) 08/31/2020						
Check if Applicable: Address Change	Name of Organization: WILD EARTH WIL	DERNESS SCHOO	Ь	Employer Identification Number (EIN): 20-1675636		
Name Change	Mailing Address: NY Registration Number:					
Initial Filing	2307 LUCAS TUR	NPIKE		21-01-03		
Final Filing	City / State / ZIP:			Telephone:		
Amended Filing	HIGH FALLS, NY	12440		845 256-9830		
Reg ID Pending	Website:			Email:		
	WWW.WILDEARTH.	ORG		INFO@WILDEARTH.ORG		
Check your organization'	S					
registration category:	7A only EPTL	only X DUAL (7A 8		Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.		
2. Certification						
See instructions for certif	ication requirements. Imprope	r certification is a violation	of law that may be subject	to penalties. The certification requires		
two signatories.						
We certify under p	penalties of perjury that we revi	ewed this report, including	all attachments, and to the	best of our knowledge and belief,		
	e true, correct and complete in					
			MICAH BLUM	ENTHAL		
President or Authorized	Officer:		PRESIDENT			
	Signature		Print Nam	e and Title Date		
			ANNE LINNE	MAN		
Chief Financial Officer o	r Treasurer:		TREASURER			
	Signature		Print Nam	e and Title Date		
3. Annual Reporting						
				egory (7A or EPTL only filers) or both		
1				ed Char500. No fee, schedules, or		
	•	n an exemption or are a DU	JAL filer that claims only on	e exemption, you must file applicable		
schedules and attachme	nts and pay applicable fees.					
	<u> </u>			overnment agencies, etc. did not		
exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit						
contributions during the fiscal year.						
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time						
during the fiscal year.						
4. Schedules and Attachments						
See the following page						
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.						
attachments to complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.						
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.						
5. Fee						
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:			
next page to calculate yo	1]		Make a single check or money order		
1	i i	1	i	l secondale des		
fee(s). Indicate fee(s) you				payable to:		
are submitting here:	\$ 25.	\$ 250.	\$ 275.	payable to: "Department of Law"		

CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

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^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raiser If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	rs (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Codisclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our rever filing year. We have included an IRS Form 990-EZ for state purposes only.	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Publi Review Report if you received total revenue and support greater than \$250,00 X Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and sup We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	00 and up to \$750,000.) port is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports but may do so voluntarily.
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .
Send Your Filing	When de Hindon annaisse and NET WORT IN
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on: - IRS Form 990 Part I. line 22

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

www.CharitiesNYS.com Visit:

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)