| | **** | THIS IS NOT A RS e-file Signa | ature Auth | orization | l | OMB No. 1545-0047 |
|--|---|---|---|--|--|---|
| Form 8879-TE | | for a Tax | Exempt Er | ntity | | |
| | For calendar year 2021 | , or fiscal year beginning | | | , 20 <u>2 2</u> | 2021 |
| Department of the Treasury | | Do not send to the | | | | |
| Internal Revenue Service Name of filer | | Go to www.irs.gov/Forn | 18879TE for the la | test information. | | |
| | | DNECC COLLOCI | | | EIN or SSN | 675636 |
| | | RNESS SCHOOL AJA SCHMELTZ | | | 20-10 | 0/2020 |
| Name and title of officer or pe | | PRESIDENT | | | | |
| Part I Type of | Return and Ret | urn Information | | | | |
| Check the box for the retu Form 5330 filers may ente or 10a below, and the amo whichever is applicable, bl than one line in Part I. | r dollars and cents. ount on that line for | For all other forms, enter v the return being filed with | vhole dollars only. I this form was blank | f you check the box o k, then leave line 1b, | n line 1a, 2a, 2b, 3b, 4b, 5b | 3a, 4a, 5a, 6a, 7a, 8a, 9a , 6b, 7b, 8b, 9b, or 10b, |
| 1a Form 990 check h | nere 🕨 🗙 | b Total revenue, if any | (Form 990, Part VI | II, column (A), line 12) | | ıb 2,693,998. |
| 2a Form 990-EZ che | | | - | | | 2b |
| 3a Form 1120-POL | check here | b Total tax (Form 1120 | | | | |
| 4a Form 990-PF che | ck here | b Tax based on invest | | | | |
| 5a Form 8868 check | here | b Balance due (Form 8 | | | | |
| 6a Form 990-T chec | k here ► | b Total tax (Form 990-1 | | | | |
| 7a Form 4720 check | here | | | | | 7b |
| 8a Form 5227 check | here | b FMV of assets at end | | | | 8b |
| 9a Form 5330 check | here | b Tax due (Form 5330, | Part II, line 19) | | | 9b |
| 10a Form 8038-CP ct | | b Amount of credit pay | | | | 10b |
| Part II Declarat | ion and Signat | ure Authorization of | Officer or Per | son Subject to T | ax | |
| intermediate service provid acknowledgement of recei- of any refund. If applicable entry to the financial institu- financial institution to debi- later than 2 business days payment of taxes to receiv personal identification nun | pt or reason for reje a, I authorize the U.S ution account indica t the entry to this ac prior to the paymer e confidential inform | ction of the transmission, 5. Treasury and its designa ted in the tax preparation ccount. To revoke a payment it (settlement) date. I also a nation necessary to answe | (b) the reason for a ted Financial Agent software for payment, I must contact authorize the finance ringuiries and resc | any delay in processin t to initiate an electror ent of the federal taxe: the U.S. Treasury Fina cial institutions involve olve issues related to t | ng the return o nic funds witho s owed on this ancial Agent at ed in the proce the payment. I | r refund, and (c) the date drawal (direct debit) s return, and the t 1-888-353-4537 no essing of the electronic have selected a |
| PIN: check one box only | | | | | | 75626 |
| A I authorize FO | STER & SCH | MALKUCHE, P.C | | | to enter my F | PIN 75636 Enter five numbers, but |
| | | ERO firm na | me | | | do not enter all zeros |
| with a state age on the return's c As an officer or | ncy(ies) regulating c lisclosure consent s person subject to ta | 1 electronically filed return harities as part of the IRS creen. x with respect to the entity return that a copy of the r | Fed/State program | l, I also authorize the a N as my signature on ^s | aforementione the tax year 20 | d ERO to enter my PIN 021 electronically filed |
| IRS Fed/State p | rogram, I will enter r | ny PIN on the return's disc | closure consent scr | reen. | | |
| Signature of officer or person subject Part III Certifica | tion and Authe | <u>THIS IS NOT A</u> ntication | FILEABLE | COPY **** | Date | |
| ERO's EFIN/PIN. Enter yo | our six-digit electron | c filing identification | | | | |
| number (EFIN) followed by | your five-digit self-s | elected PIN. | Ľ | 1402874455 Do not enter all zer | | |
| I certify that the above nur submitting this return in ac Business Returns. | | | | | | |
| ERO's signature 🕨 | | | | Date 🕨 | | |
| | | ERO Must Retain Th Ibmit This Form to th | | | 0.50 | |
| | | tion Act Nation, son inst | | nequested TO D | 0.00 | Form 8879-TF (2021) |

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

| | | | | IDED TO JULY 17, | | | | | | |
|--------------|---------------------------|-----------------|--|---|--------------|------------------------------------|-----------------------------|----------------------------------|--|--|
| | Ω | 00 | | nization Exempt I | | | | OMB No. 1545-0047 | | |
| For | m Ŋ | 90 | Under section 501(c), 527, or 494 | | | | dations) | 2021 | | |
| Dens | ortment (| of the Treasury | | security numbers on this form | - | - | | Open to Public | | |
| Interi | nal Reve | nue Service | | v/Form990 for instructions and | | | | Inspection | | |
| <u>A</u> F | For th | | | SEP 1, 2021 and | ending / | |)22 | | | |
| B | Check if applicab | C Name o | f organization | | | D Employer id | entificat | ion number | | |
| _ | Addre | | | | | | | | | |
| | Chang | ge WILD | EARTH WILDERNESS | SCHOOL | | | | | | |
| | chang | je Doing b | ousiness as | | | 20-16 | | | | |
| | return | | r and street (or P.O. box if mail is not o | elivered to street address) | Room/suite | | | | | |
| | Final return termir | | LUCAS TURNPIKE | | | (845) | 256- | 9830 | | |
| | ated | City or t | town, state or province, country, and | d ZIP or foreign postal code | | G Gross receipts \$ | | 2,700,447. | | |
| | Amen | птен | FALLS, NY 12440 | | | H(a) Is this a gr | oup retur | | | |
| | Applic tion pendi | F Name a | nd address of principal officer: AJ | A SCHMELTZ | | for subord | | | | |
| | | SAME | AS C ABOVE | | | H(b) Are all subord | inates includ | led? Yes No | | |
| | | empt status: | |) (insert no.) 4947(a)(1) | or 527 | | | . See instructions | | |
| | | | WILDEARTH.ORG | | | H(c) Group exe | | | | |
| | | | | Association 🔄 Other 🕨 | L Year | r of formation: 20 | 05 м S | tate of legal domicile: ${f NY}$ | | |
| Pa | art I | Summary | | | | | | | | |
| Ð | 1 | Briefly describ | be the organization's mission or mos | st significant activities: SEE | SCHEDU | JLE O | | | | |
| Governance | | | | | | | | | | |
| ernä | 2 | Check this bo | • | ontinued its operations or dispos | sed of more | e than 25% of its n | 1 1 | | | |
| Š | 3 | | ting members of the governing bod | , | | | 3 | 11 | | |
| | | | dependent voting members of the g | | | | | 11 | | |
| Activities & | 5 | | of individuals employed in calendar | | | | 5 | 73 | | |
| ivit | 6 | | of volunteers (estimate if necessary | | | | 6 | 0 | | |
| Act | 7 a | | d business revenue from Part VIII, o | | | | 7a | 0. | | |
| | b | Net unrelated | business taxable income from Form | 1 990-T, Part I, line 11 | | | 7b | 0. | | |
| | | | | | | Prior Year | | Current Year | | |
| ē | 8 | | and grants (Part VIII, line 1h) | 1,038,2 | | 1,882,656. | | | | |
| Revenue | 9 | • | | | | 395,32 | 20. | 794,991. | | |
| Be | 10 | | come (Part VIII, column (A), lines 3, | | | | | <u> </u> | | |
| | 11 | | r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | | | <u>6,309.</u> 1,440,090. | | | |
| | | | | | | 1,440,0 | 0. | 2,693,998. | | |
| | | | milar amounts paid (Part IX, column | | | | 0. | 0. | | |
| | | | to or for members (Part IX, column | | | 939,3 | 1,289,073. | | | |
| ses | 15 | | r compensation, employee benefits | | | 555,50 | _ | | | |
| Expenses | 16a | | undraising fees (Part IX, column (A), | 4 9 9 4 | | | 0. | 0. | | |
| ц. В | . b | | ing expenses (Part IX, column (D), li | | | 399,68 | 0 | 626,191. | | |
| | 1 '' | | es (Part IX, column (A), lines 11a-11 | | | 1,339,0 | | 1,915,264. | | |
| | | | es. Add lines 13-17 (must equal Part | | | 101,04 | | 778,734. | | |
| | | nevenue less | expenses. Subtract line 18 from line | | | | | | | |
| t Assets or | 20 | Total accete " | Dart X lina 16) | | | eginning of Current 2 , 115 , 9 | 55 | End of Year 2,584,755. | | |
| Asse | | | | | | 709,1 | | 399,370. | | |
| Net / | 21 22 | | s (Part X, line 26) fund balances. Subtract line 21 fror | n lina 20 | | 1,406,8 | | 2,185,385. | | |
| | art II | Signature | | | | 1,400,00 | 5 - • | 2,105,505. | | |
| | | - | + deslare that I have examined this return | including accompanying schedule | s and statem | ents and to the bes | t of my kn | owledde and belief it is | | |
| true | corre | ct and complete | Declaration of preparer (ether tran, off) | er) is based on all of ormation of w | hich prepare | r has any knowledge | | | | |
| | , | | | | non propuro | | 12 | 0123 | | |
| Sig | n | Signatur | e of office | | | Date | | | | |
| Her | | AJA | SCHMELTZ, PRESIDEN | ит С | | | | | | |
| | - | | print name and title | - | | | | | | |
| | | Print/Type pre | parer's name | Preparer's signature | | Date cr | ieck | PTIN | | |
| Paid | d | | CK W. SCHMALKUCHE | | | if | lf-employed | P01264079 | | |
| | - parer | Firm's name | ► FOSTER & SCHMALE | UCHE, P.C. | | | | -1650555 | | |
| | Only | | PO BOX 300 | . , | | | | | | |
| | | | GARDINER, NY 125 | 525 | | Phone n | o. (84 5 | 5) 255-1813 | | |
| May | y the I | RS discuss this | s return with the preparer shown ab | | | | | X Yes No | | |
| | | | | | | | | | | |

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

| Form | 990 (2021) WILD EARTH WILDERNESS SCHOOL 20-1675636 Page 2 | 2 |
|------|--|--------|
| Par | t III Statement of Program Service Accomplishments | - |
| | Check if Schedule O contains a response or note to any line in this Part III | |
| 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? | |
| | 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? | |
| | 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 \$ 1,501,638. including grants of \$) (Revenue \$ 811,562. |) |
| | 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 \$ including grants of \$) (Revenue \$ |)) |
| 10 | | ' |
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| | | _ |
| | | _ |
| 4c | (Code:) (Expenses \$) (Revenue \$) |) |
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| | | _ |
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| | | _ |
| | | _ |
| | | - |
| | | - |
| | | - |
| | Other program convises (Deservice on Schedule O.) | - |
| 4d | Other program services (Describe on Schedule O.) | |
| 4e | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 1,501,638. | - |
| -10 | | _ |

| ~ 000 | (2021) | |
|------------|--------|--|
| 11 990 | 120211 | |

Form 990 (2021) 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 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? 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 Rev. Proc. 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 | | | |
| | 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, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | Х | |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | x |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 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 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | v |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | - v |
| 40 | column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | - v |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | v |
| ~ | complete Schedule G, Part III | 19 | | X X |
| 20a | | 20a | | |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | - v |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |

 Form 990 (2021)
 WILD
 EARTH
 WILDERNESS
 SCHOOL

 Part IV
 Checklist of Required Schedules (continued)
 (continued)
 (continued)
 (continued)

| | | | Yes | No |
|-------------|--|------------|-----|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | x |
| 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 | | x |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| 214 | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | | 24a | | x |
| h | Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a 24b | | |
| | Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease | 240 | | |
| C | | 24c | | |
| -1 | any tax-exempt bonds? | 24C 24d | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 240 | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 0.5 | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | <u>25a</u> | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the 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? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 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 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 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 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pa | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 13 | | | |
| b | | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |

(gambling) winnings to prize winners?

1c X

| Form | 990 (2021) WILD EARTH WILDERNESS SCHOOL 20-1675 | <u>636</u> | P | age 5 |
|--------|---|------------|-----|--------------|
| Pa | t 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 73 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions. | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 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 Accounts (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? | 5b | | x |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| ou | any contributions that were not tax deductible as charitable contributions? | 6a | | x |
| h | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| 5 | | 6b | | |
| 7 | | 00 | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 70 | | x |
| a L | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a 7b | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 7- | | x |
| | | 7c | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year 7d | 7. | | x |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e 7f | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | |
| g b | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g 7h | | |
| h 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| 0 | | 8 | | x |
| 9 | sponsoring organization have excess business holdings at any time during the year? | | | |
| a | | 9a | | x |
| b | Did the sponsoring organization make any taxable distributions under section 4966? | 9b | | X |
| 10 | Section 501(c)(7) organizations. Enter: | 30 | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| a h | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 | | |
| a | | | | |
| | Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against | 1 | | |
| D. | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | 100 | | |
| b | 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 | | | |
| с | Enter the amount of reserves on hand | 1 | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | x |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | 1 | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | x |
| | If "Yes," see the 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 | | x |
| .5 | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | , | <u> </u> | | |

If "Yes," complete Form 6069.

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| Form 990 (2021) |
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132006 12-09-21

WILD EARTH WILDERNESS SCHOOL

20-1675636 Page 6

X

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

| Check if Schedule O contains a response or note to any line in this Part VI | |
|---|--|
| Section A. Governing Body and Management | |

| | | | | | | Yes | No |
|-----|---|----------|--------------------|---------|------------|---------|-----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | : | 11 | | 100 | 110 |
| iu | 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 0. | | | | | | |
| h | 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 | · | | | | | |
| - | officer, director, trustee, or key employee? | | | | 2 | | х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | F | _ | | |
| - | of officers, directors, trustees, or key employees to a management company or other person? | | | | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | 90 wa | s filed? | ⊢ | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | | | F | 5 | | Х |
| 6 | Did the organization have members or stockholders? | | | F | 6 | | Х |
| 7a | | | | F | | | |
| | more members of the governing body? | | | | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | | | | | |
| | persons other than the governing body? | | | L | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | | | |
| а | The governing body? | | | . L | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | L | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | ched a | t the | | | | |
| | 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 | venue | Code.) | | | | |
| | | | | _ | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | L | 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? | | | Ľ | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | / befor | e filing the form? | Ľ | 11a | Х | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | 12a | X | |
| | 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 "Y | 'es," d | escribe | | | | |
| | on Schedule O how this was done | | | | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | | | ·· ⊢ | 13 | X | 37 |
| 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 approva | i by ine | aependent | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | 45 - | | Х |
| | The organization's CEO, Executive Director, or top management official | | | F | 15a 15b | | X |
| D | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | F | 15b | | Δ |
| 16- | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | nont w | ith a | | | | |
| 100 | taxable entity during the year? | | | | 16a | | х |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | | | 100 | | |
| 5 | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | - | - | | | | |
| | exempt status with respect to such arrangements? | | | | 16b | | |
| Sec | tion C. Disclosure | | | | | I | |
| 17 | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$ | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar | nd 990 | -T (section 501(c) |)(3)s c | only) a | availab | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | | () | | - ' | | |
| | X Own website Another's website X Upon request Other (explain | on Sc | hedule O) | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | | , | and fi | inanc | ial | |
| | 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 boo | oks and | d records 🕨 🚬 | | | | |
| | DAVID BROWNSTEIN - (845)256-9830 | | | | | | |
| | 2307 LUCAS TURNPIKE, HIGH FALLS, NY 12440 | | | | | | |

| Form 990 (2 | 2021) WILD EARTH WILDERNESS SCHOOL | 20-1675636 | Page 1 | | | | |
|----------------------------|--|---------------------------|-------------|--|--|--|--|
| Part VII | 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 Comple | ete this table for all persons required to be listed. Report compensation for the calendar year ending with or | within the organization's | s tax year. | | | | |
| List a | Ill of the organization's current officers, directors, trustees (whether individuals or organizations), regardless | s of amount of compens | ation. | | | | |

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
|-----------------------|----------------------|--------------------------------|-----------------------|--|--------------|---------------------------------|--------|------------------------------|-----------------|-----------------------------|
| Name and title | Average | (do | | Position ot check more than one unless person is both an er and a director/trustee) | | | | Reportable | Reportable | Estimated |
| | hours per | box | , unles | | | | n an | compensation | compensation | amount of |
| | week | | cer an I | id a d | irecto | r/trus | tee) | from | from related | other |
| | (list any | recto | | | | | | the | organizations | compensation |
| | hours for related | e or di | tee | | | sated | | organization | (W-2/1099-MISC/ | from the |
| | organizations | rustee | trust | | 66 | npens | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | organization and related |
| | below | dual ti | ıtiona | | nploy | st cor | - | 1000 NEO) | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | ei gamzanene |
| (1) DAVID BROWNSTEIN | 40.00 | | | | - | | 4 | | | |
| EXECUTIVE DIRECTOR | | 1 | | х | | | | 72,552. | Ο. | 0. |
| (2) AJA SCHMELTZ | 5.00 | | | | | | | | | |
| PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (3) MATT ELKIN | 3.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (4) LAURA DENEY | 3.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (5) MISCHA COHN | 3.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | Х | | | | 0. | 0. | 0. |
| (6) ANA LINNERMAN | 3.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (7) STEVENSON ESTIME | 3.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) AJA HUDSON | 3.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (9) JOEL OPPENHEIMER | 3.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (10) TINA DIERNA | 3.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (11) JASON STERN | 3.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (12) PATRICIA PEREZ | 3.00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0. | 0. | 0. |
| (13) JOAN EWING | 3.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (14) WILTON DUCKWORTH | 3.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | <u> </u> | | | | |
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| Form 990 (2021) WILD EAR' | TH WILDE | ERN | IES | S | SC | HO | OI | | 20-16 | 575 | 536 | Pa | age 8 |
|---|-------------------|--|---------------------------|---------|--------------|---------------------------------|--------|----------------------------|--------------------------------|--------|---------|------------------|--------------|
| Part VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees, | and | l Hig | ghes | t C | ompensated Employee | s (continued) | | | | |
| (A) | (B) | (B) (C) (D) Average Position Departchie | | | | (D) | (E) | | | (F) | | | |
| Name and title | Average | (do | | | | 1 than c | one | Reportable | Reportable | | | timate | |
| | hours per week | | | | | s both r/trust | | compensation | compensatio | | | ount o | of |
| | (list any | | | | | | | _ from the | from related | | | other | tion |
| | hours for | direct | | | | _ | | organization | organization: (W-2/1099-MIS | I | | pensat om the | |
| | related | e or | stee | | | nsated | | (W-2/1099-MISC/ | 1099-NEC) | ,0, | | anizati | |
| | organizations | Individual trustee or director | In stit utio nal tru stee | | yee | Highest compensated employee | | 1099-NEC) | | | • | relate | |
| | below | idual | ution | er | m plo | est cc oyee | er | , | | | orga | nizatio | ons |
| | line) | Indiv | Instit | Officer | Key employee | High empl | Former | | | | - | | |
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| | | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 72,552. | | 0. | | | 0. |
| c Total from continuation sheets to Part V | | | | | | | | 0. | | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 72,552. | | 0. | | | 0. |
| 2 Total number of individuals (including but r | | | | | | | o re | eceived more than \$100, | 000 of reportable |) | | | |
| compensation from the organization | | | | | | | | | - | | | | 0 |
| | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer | , director, trust | ee, k | key e | empl | oyee | e, or | hig | hest compensated emp | loyee on | [| | | |
| line 1a? If "Yes," complete Schedule J for s | uch individual | | - | | - | | 0 | | | | 3 | | Х |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | | | |
| and related organizations greater than \$15 | | | | | | | | | | | 4 | | Х |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | | | | |
| rendered to the organization? If "Yes," con | | | | | | | | | | | 5 | | Х |
| Section B. Independent Contractors | • | | | | | | | | | | | | |
| 1 Complete this table for your five highest co | mpensated inc | lepe | ndei | nt co | ontra | actor | rs th | hat received more than \$ | 100,000 of comp | pensat | ion fro | m | |
| the organization. Report compensation for | the calendar ye | ear e | endir | ng w | ith c | or wi | thin | n the organization's tax y | ear. | | | | |
| (A) | | | | | | | | (B) | | | (C | ;) | |
| Name and business | address | NC | ONE | 3 | | | | Description of s | ervices | С | omper | nsatior | ו |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (i | • | ot lin | nited | d to f | - | | ted | above) who received mo | ore than | | | | |
| \$100,000 of compensation from the organi | zation 🕨 | | | | - 0 |) | | | | | | | |

| Form | 990 (| (2021) WII | LD | EARTH | WI | LDERNESS | SCHOOL | | 20-1675 | 636 Page 9 |
|---|----------|--|--|---------------|----------|--------------------|-----------------------------|--|---|---|
| Pa | rt VII | I Statement of Re | even | ue | | | | | | |
| | | Check if Schedule O | cont | ains a respor | nse o | or note to any lin | e in this Part VIII | | | |
| | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ŝ | 1 a | Federated campaigns | | 1a | | | | | | |
| ant unt | b. | | | 1b | | | | | | |
| Ω ^E | c | Fundraising events | | | | | | | | |
| arA | d | Related organizations | | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Government grants (cont | | | | 286,774. | | | | |
| ŝ | | All other contributions, gifts, | | | | | | | | |
| the | | similar amounts not included | d abov | /e 1f | 1, | <u>595,882.</u> | | | | |
| 0 0 | g | Noncash contributions included in | | | | 8,407. | | | | |
| a C | h | Total. Add lines 1a-1f | | | | | 1,882,656. | | | |
| | | | | ~~ ~ | | Business Code | F 04 001 | F 04 001 | | |
| Revenue | 2 a | EDUCATIONAL F | PRO | GRAMS | _ | 611600 | 794,991. | 794,991. | | |
| P | b | | | | _ | | | | | |
| /ent | С | | | | _ | | | | | |
| Rev | d | | | | _ | | | | | |
| , | e | | | | _ | | | | | |
| | T | All other program service | | | | ► | 794,991. | | | |
| | <u> </u> | Total. Add lines 2a-2f | | | | | 754,5510 | | | |
| | 3 | | Investment income (including dividends, interes other similar amounts) | | | | 1,585. | | | 1,585. |
| | 4 | Income from investment | | | | | | | | 1,5051 |
| | 5 | Royalties | | | • | | | | | |
| | - | (i) Real | | | | (ii) Personal | | | | |
| | 6 a | Gross rents | 6a | | | | | | | |
| | b | | 6b | | | | | | | |
| | с | Rental income or (loss) | 6c | | | | | | | |
| | d | d Net rental income or (loss) | | | | ► | | | | |
| | 7 a | Gross amount from sales of | | (i) Securiti | es | (ii) Other | | | | |
| | | assets other than inventory | 7a | | | | | | | |
| | b | Less: cost or other basis | | | | | | | | |
| | | and sales expenses | | | | | | | | |
| | | Gain or (loss) | 7c | • | | | | | | |
| | | Net gain or (loss) | | | | 🕨 | | | | |
| | 8 a | Gross income from fundrais | - | - | | | | | | |
| | | including \$ | | | | | | | | |
| | | contributions reported on | | | | 1,335. | | | | |
| | h | Part IV, line 18 | | | 8a 8b | 3,140. | | | | |
| | | Less: direct expenses Net income or (loss) from | | | | 5,140. | -1,805. | | | -1,805. |
| | | Gross income from gamir | | | | | 1,005. | | | 1,005. |
| | 5 4 | Part IV, line 19 | | | 9a | | | | | |
| | b | Less: direct expenses | | | 9b | | | | | |
| | | Net income or (loss) from | | | | > | | | | |
| | | Gross sales of inventory, | - | - | | F | | | | |
| | | and allowances 10a | | | | | | | | |
| | b | Less: cost of goods sold | | | 10b | | | | | |
| | | Net income or (loss) from | | | / | > | 1,793. | 1,793. | | |
| 1 | | | | | | Business Code | | | | |
| Ð | 11 a | OTHER REVENUE | 2 | | | 611600 | 14,778. | 14,778. | | |
| enu | b | | | | | | | | | |
| Sevi | С | | | | _ | | | | | |
| Revenue | | All other revenue | | | | | | | | |
| _ | | Total. Add lines 11a-11d | | | | | 14,778. | 011 5 6 0 | | 0.0.0 |
| | 12 | Total revenue. See instructi | ons | | | 🕨 | 2,693,998. | 811,562. | 0. | -220. |

Page **9**

20-1675636

WILD EARTH WILDERNESS SCHOOL Part IX Statement of Functional Expenses

| | Check if Schedule O contains a respons | | this Part IX | (C) | |
|----------|--|------------------------------|---|------------------------------------|-------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 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, | | | | |
| 6 | trustees, and key employees Compensation not included above to disqualified | | | | |
| 6 | persons (as defined under section 4958(f)(1)) and | | | | |
| | | | | | |
| 7 | Other salaries and wages | 1,037,592. | 823,972. | 128,139. | 85,481 |
| , 8 | Pension plan accruals and contributions (include | _,, | | | |
| 5 | section 401(k) and 403(b) employer contributions) | 20,028. | 15,711. | 3,002. | 1,315 |
| 9 | Other employee benefits | , • _ • • | ,, | | _, |
| 10 | Payroll taxes | 231,453. | 180,071. | 34,162. | 17,220. |
| 11 | Fees for services (nonemployees): | | | | • |
| а | Management | | | | |
| b | Legal | | | | |
| с | Accounting | 16,385. | | 16,385. | |
| | 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 0.) | 80,520. | | 61,250. | 19,270. |
| 12 | Advertising and promotion | 11,755. | 11,755. | | |
| 13 | Office expenses | 44,264. | 33,913. | 6,931. | 3,420. |
| 14 | Information technology | | | | |
| 15 | Royalties | 22 100 | 02.004 | 4 076 | 4 076 |
| 16 | Occupancy | 33,176. | 23,224. | 4,976. | 4,976. |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 8,262. | | 8,262. | |
| 20 | Interest | 0,202. | | 0,202. | |
| 21 22 | Payments to affiliates Depreciation, depletion, and amortization | 37,361. | 26,153. | 5,604. | 5,604 |
| 22 23 | Insurance | 27,295. | 24,085. | 2,410. | 800 |
| 24 | Other expenses. Itemize expenses not covered | 2772500 | 21/0001 | 2/1101 | |
| | 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 | 249,164. | 249,164. | | |
| b | PROGRAM/CAMP SUPPLIES | 79,666. | 79,666. | | |
| с | INDEPENDENT CONTRACTORS | 14,988. | 14,988. | | |
| d | PROFESSIONAL DEVELOPMEN | 13,305. | 10,351. | 1,964. | 990. |
| е | All other expenses | 10,050. | 8,585. | 1,066. | 399 |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,915,264. | 1,501,638. | 274,151. | 139,475. |
| 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) | | | | |

| WILD EARTH WILDERNESS SCHOOL | L |
|------------------------------|---|
|------------------------------|---|

20-1675636 Page 11

| | | Check if Schedule O contains a response or no | | | (A) | | (B) |
|--------|-----|---|-------------|--------------------|-------------------|-----|-------------|
| | | | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | | | 4,507. | 1 | 27,803. |
| | 2 | Savings and temporary cash investments | | | 144,378. | 2 | 134,945 |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 79,825. | 4 | 89,552 |
| | 5 | Loans and other receivables from any current of | or former | officer, director, | | | |
| | | trustee, key employee, creator or founder, subs | stantial co | ontributor, or 35% | | | |
| | | controlled entity or family member of any of the | ese perso | ns | | 5 | |
| | 6 | Loans and other receivables from other disqua | lified pers | sons (as defined | | | |
| | | under section 4958(f)(1)), and persons describe | d in sect | ion 4958(c)(3)(B) | | 6 | |
| 2 | 7 | Notes and loans receivable, net | | | | 7 | |
| Assels | 8 | Inventories for sale or use | | | | 8 | |
| ξ | 9 | | | | 20,701. | 9 | 10,491 |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 1,305,555. | | | |
| | b | Less: accumulated depreciation | 10b | 119,795. | 1,173,242. | 10c | 1,185,760 |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | 11 | | 539,681. | 12 | 1,061,463 |
| | 13 | Investments - program-related. See Part IV, line | 11 | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 153,621. | 15 | 74,741 |
| | 16 | Total assets. Add lines 1 through 15 (must eq | ual line 33 | 3) | 2,115,955. | 16 | 2,584,755 |
| | 17 | Accounts payable and accrued expenses | 7,790. | 17 | 42,224 | | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | | 267,511. | 19 | 207,984 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| 0 | 22 | Loans and other payables to any current or for | ner office | er, director, | | | |
| | | trustee, key employee, creator or founder, subs | stantial co | ontributor, or 35% | | | |
| | | controlled entity or family member of any of the | ese perso | ns | | 22 | |
| i | 23 | Secured mortgages and notes payable to unre | ated third | d parties | 150,000. | 23 | 149,162 |
| | 24 | Unsecured notes and loans payable to unrelate | d third p | arties | 283,850. | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, p | ayables t | o related third | | | |
| | | parties, and other liabilities not included on line | es 17-24). | Complete Part X | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 709,151. | 26 | 399,370 |
| | | Organizations that follow FASB ASC 958, ch | eck here | | | | |
| ŝ | | and complete lines 27, 28, 32, and 33. | | | | | |
| | 27 | Net assets without donor restrictions | 1,399,304. | 27 | 2,185,385 | | |
| | 28 | Net assets with donor restrictions | 7,500. | 28 | 0 . | | |
| | | Organizations that do not follow FASB ASC | | | | | |
| | | and complete lines 29 through 33. | | | | | |
| | 29 | Capital stock or trust principal, or current funds | 3 | | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building, or e | | | | 30 | |
| 2 | 31 | Retained earnings, endowment, accumulated i | | | | 31 | |
| - | 32 | Total net assets or fund balances | | | 1,406,804. | 32 | 2,185,385 |
| | 33 | | | | 2,115,955. | 33 | 2,584,755 |

Form **990** (2021)

Part X | Balance Sheet

| Form | 990 | (2021) |
|------|-----|--------|
| | | |

| Form | 1990 (2021) WILD EARTH WILDERNESS SCHOOL | 20-16 | 75636 | Pag | _{ge} 12 |
|------|---|-----------|-------|-----|------------------|
| | rt 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 | 2,693 | 3,9 | 98. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,91 | 5,2 | 64. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 778 | 3,7 | 34. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,400 | 5,8 | 04. |
| 5 | Net unrealized gains (losses) on investments | 5 | | -1 | 53. |
| 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 | 2,18 | 5,3 | 85. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | |
| 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 | Х | |
| | 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 | | X |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | |
| | Act and OMB Circular A-133? | | . 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | Ĺ |
| | | | | 000 | |

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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 |
|------------------------------|
| 2021 |
| Open to Public Inspection |

| Name of the | organization |
|-------------|--------------|
|-------------|--------------|

| Name | of the organization | | | | | | Employer | identification number | | | |
|--------------|--|----------------------------------|---|------------------|-----------------|-----------------|--------------|----------------------------|--|--|--|
| _ | WILD | 2 | 0-1675636 | | | | | | | | |
| Part | I Reason for Public | Charity Status. | All organizations must c | omplete th | nis part.) S | ee instruction | S. | | | | |
| The or | ganization is not a private found | lation because it is: (F | For lines 1 through 12, cl | neck only o | one box.) | | | | | | |
| 1 [| A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | | | | |
| 2 | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) | | | | | | | | | | |
| 3 | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | |
| 4 | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, | | | | | | | | | | |
| _ | city, and state: | | | | | | | | | | |
| 5 | An organization operated for | | lege or university owned | or operate | ed by a go | vernmental u | nit describe | ed in | | | |
| _ | section 170(b)(1)(A)(iv). (0 | Complete Part II.) | | | | | | | | | |
| 6 [| A federal, state, or local go | - | | | | | | | | | |
| 7 🗋 | An organization that norma | • | ntial part of its support fr | om a gove | ernmental ı | unit or from th | e general p | public described in | | | |
| | section 170(b)(1)(A)(vi). (C | | | | | | | | | | |
| 8 [| A community trust describe | | | | | | | | | | |
| 9 🗌 | An agricultural research org | - | | | - | | - | - | | | |
| | or university or a non-land-o | grant college of agrici | ulture (see instructions). | Enter the i | name, city, | and state of | the college | or | | | |
| 40 [7 | university: | | U | | | | | I and a state for a | | | |
| 10 | - | | | | | | | | | | |
| | activities related to its exen | | - | | | | | - | | | |
| | income and unrelated busin See section 509(a)(2). (Co | | (less section 511 tax) no | in pusities | ses acquir | ed by the org | anization a | inter June 30, 1975. | | | |
| 11 🗌 | An organization organized | - | vely to test for public sat | aty See | section 50 | 0(2)(4) | | | | | |
| 12 | An organization organized | | • | • | | | rry out the | nurnoses of one or | | | |
| 12 L | more publicly supported or | | - | - | | | • | | | | |
| | lines 12a through 12d that | - | | | | | | | | | |
| а | Type I. A supporting orga | • • | | | | | - | aivina | | | |
| | the supported organization | | - | • | - | | | | | | |
| | organization. You must o | | | , , | | | | 11 3 | | | |
| b | Type II. A supporting org | - | | ion with its | s supporte | d organizatio | n(s), by hav | ing | | | |
| | control or management of | - | | | | - | | - | | | |
| | organization(s). You mus | st complete Part IV, | Sections A and C. | | | | | | | | |
| с | Type III functionally inte | grated. A supporting | g organization operated | n connect | ion with, a | nd functional | ly integrate | d with, | | | |
| | its supported organizatio | n(s) (see instructions) | . You must complete F | Part IV, Se | ctions A, | D, and E. | | | | | |
| d | Type III non-functionally | y integrated. A supp | orting organization oper | ated in cor | nnection w | rith its suppor | ted organiz | ation(s) | | | |
| | that is not functionally inf | tegrated. The organiz | ation generally must sati | sfy a distr | bution req | uirement and | an attentiv | veness | | | |
| | requirement (see instruct | ions). You must con | nplete Part IV, Sections | A and D, | and Part | ۷. | | | | | |
| е | Check this box if the orga | anization received a v | vritten determination from | n the IRS | that it is a | Type I, Type | II, Type III | | | | |
| | functionally integrated, o | r Type III non-functior | nally integrated supportir | ng organiz | ation. | | | | | | |
| | Enter the number of supported o | • | | | | | | | | | |
| gl | Provide the following information | n about the supporte (ii) EIN | d organization(s). (iii) Type of organization | (iv) Is the orga | nization listed | (v) Amount of | monoton | (vi) Amount of other | | | |
| | (i) Name of supported organization | (11) EIN | (described on lines 1-10 | in your governi | ng document? | support (see in | - | support (see instructions) | | | |
| | organization | | above (see instructions)) | Yes | No | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total | | | | | | | | | | | |

| Schedule | A (Fo | orm | 990) | 2021 |
|----------|-------|-----|------|------|
| Part II | S | up | por | t Sc |

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.)

| Calendar year (or ficed year beginning in) | Sec | ction A. Public Support | | - | | | | | |
|---|------|---|-----------------------|----------------------|---|---------------------------------|---------------------|---------------|--|
| membership fees received. (Do not include any 'unusual grants.') | Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | |
| include any 'unusual grants') 2 Tax revenues level for the organization'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's northout charge 4 Total. Add lines 1 through 3 5 The parties of total contributions by each person (other than a governmental unit or publicly supported organization's noticed and governmental unit or publicly governmental governmental unit or publicly governmental unit or publicly governmental governmental unit or publicly governmental governmental unit or publicly governmental governmental unit or publicly gov | 1 | Gifts, grants, contributions, and | | | | | | | |
| 2 Tax revenues levid for the organ- ization's benefit and either paid to or expended on its behalf Thinkied by a governmetal 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 governmetal unit or publicly supported organization) included on line 1 thackeeds 2% of the amount shown on line 11, column (f) 6 Public support. Subject the store line Section B. Total Support Catendar year (of fixed year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 6 Cross income from interest, dividends, payments received on securities loans, rents, royalites, and income from similar sources 9 Net income from underest, dividends, payments received on securities loans, rents, royalites, and income from undel do buiness archites, whether or not the business is regularly carried on gover metal advinites. (to explore that a sources 9 Net income from undel do buiness archites, whether or not the business is regularly carried on gover fine advinites. (to explore the composition in the business is regularly carried on gover the sale of capital assets (Explore). If the ST Wrough 10 11 Total support Advines, the form 900 the income form comparization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (the cyclum f) (d) whole do unite 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13, flag, or 18b, and line 14 is 19% or more, and if the organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. If the organization did not check a box on line 13, flag, or 18b, and line 14 is 19% or more, and if the organization meets the facts-and-circumstances test. The organization qup | | membership fees received. (Do not | | | | | | | |
| ization's benefit and either paid to or expended on its behalt 3 The value of services of 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, colurm (f) 6 Public support. Solvestine strees in e.4 6 Section B. Total Support Claindary var (of fical year beginning in) ► Claindary var (of fical year beginning in) ► O that income from interest. dividends, payments received on socurities loans, rents, royatius, and income from include gan or loss from the sale of capital varsets (Explain in Part VI) Total support. Add lines 7 through 10 Claindary payment sectives on the organization's first, second, third, fourth, or fifth tax years as section 501(o)(3) organization, check this box and stop bree. Section. C. Computation of Public Support Percentage 14 Public support percentage for 2021 (the c, outrum (t), the sale of the sale of the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported or | | include any "unusual grants.") | | | | | | | |
| or expended on its behalf The value of services or facilities Thumished by a governmental unit to the organization without charge The portion of total contributions by each person (other than a governmental unit or publicly supported organization included on line 1 that exceeds 28 of the amount shown on line 11, column (f) The portion of total contributions by each person (other than a governmental unit or publicly supported organization without dharge (d) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total T Amounts from line 4 Grass income from intreast, organization and the seale of capital assets (Explain in Part VI) Total support. Additions 7 through 10 Coments the seale of capital assets (Explain in Part VI) Total support percentage for 2020 (line 6, column (f), for Auditions 7 through 10 Coments (f), for Auditions 7 through 10 Coments (f), for and stop here. Section C. Computation of Public Support Percentage For Audit support percentage for 2020 (line 6, column (f), for the sale of capital assets (Explain in Part VI). Total support percentage for 2020 (line 6, column (f), for the sale of capital assets (Explain in Part VI). Total support percentage for 2020 (line 6, column (f), for the sale of capital assets (Explain in Part VI). Total support percentage for 2020 (line 6, column (f), for the sale of capital assets (Explain in Part VI). Total support percentage for 2020 (line 6, column (f), for the sale of capital assets (Explain in Part VI). Total support percentage for 2020 (line 6, column (f), for the sale of capital assets (Explain in Part VI). Total support percentage for 2020 (line 6, column (f), for the sale of capital assets (Explain in Part VI). Total support percentage for 2020 (line 6, column (f), for the sale of capital assets (Explain in Part VI). Total support percentage for 2020 (line 6, column (f), for the sale of capital assets (Explain in Part VI). Total support sections from capitates as a publicly supported organization for an interest, educting as a publicly supported organization | 2 | Tax revenues levied for the organ- | | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge Image: Construction of the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 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 (i) Image: Construction of total controls the amount shown on line 11, column (i) 6 Public support, subsective Store text dividends, payments received on securities local, rents, royalites, and income from similar sources. Image: Construction of the source shown on line 11, column (i) 7 Amounts from line 4 Image: Construction of the source shown on line 11, column (i) Image: Construction of the source shown on line 11, column (i) 8 Gross income from interest, dividends, payments received on socurities local, rents, royalites, and income from similar sources. Image: Construction of the source shown on line 11, column (i) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI), 11 Total support percentage for 2021 (line 6, column (i), which de line 11, column (ii), 12 first 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 9 Atol is support percentage for 2022 (line 6, column (i), which de line 11, column (ii), 14 Public support percentage for 2022 (line 6, column (i), which de line 11, column (ii), 15 at 31/3% support text. 14 5 fies 33 1/3% or more, check this box and stop here. The organization mulifies as a pu | | ization's benefit and either paid to | | | | | | | |
| function of total contributions image: the organization without charge image: the organization 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. image: that exceeds 2% of the amount shown on line 11. column (i) | | or expended on its behalf | | | | | | | |
| the organization without charge Image: Strep particulation 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 (i) Image: Strep particulation of total contributions of the strep part | 3 | The value of services or facilities | | | | | | | |
| 4 Total. Add lines 1 through 3 5 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 6 Public support. Subtractive 5 torn line 4. 6 8 Gross income from interest, divided on securities and the support. (a) 2017 (b) 2018 (c) 2020 (e) 2021 (f) Total 7 Amounts from line 4 8 6 (a) 2017 (b) 2018 (c) 2020 (e) 2021 (f) Total 8 Gross income from initerest, divided ds, support 1 (a) 2017 (b) 2018 (c) 2020 (e) 2021 (f) Total 9 Net income from initerest, advided on asset (Explain in Part VI). 1 | | furnished by a governmental unit to | | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceede 2% of the amount shown on line 11, column (f) Image: Control of Control o | | the organization without charge | | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceede 2% of the amount shown on line 11, column (f) Image: Control of Control o | 4 | Total. Add lines 1 through 3 | | | | | | | |
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| b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization | | | | | | | |
| more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | meets the facts-and-circumstances te | st. The organizatio | on qualifies as a pu | blicly supported o | organization | | | |
| organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization | b | 10% -facts-and-circumstances test | - 2020. If the org | anization did not | check a box on lin | e 13, 16a, 16b, or ⁻ | 17a, and line 15 is | 10% or | |
| | | more, and if the organization meets th | e facts-and-circun | nstances test, che | ck this box and s | top here. Explain i | n Part VI how the | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | organization meets the facts-and-circu | umstances test. Th | ie organization qu | alifies as a publicly | y supported organi | zation | | |
| | 18 | Private foundation. If the organizatio | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17 | b, check this box a | nd see instructions | s > | |

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 WILD EARTH WILDERNESS SCHOOL Part III Support Schedule for Organizations Described in Section 509(a)(2) WILD EARTH WILDERNESS SCHOOL

(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.) Section A. Public Support

| 1 | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | |
|---|--|--|---|---|---|---|-----------------------------|-------------|
| | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 681,033. | 1376047. | 1334236. | 859,279. | 1595882. | 584647 | 7. |
| 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 | 745,548. | 869,595. | 779,185. | 397,744. | 800,094. | 359216 | 6. |
| 3 | Gross receipts from activities that | | | | | | | |
| | are not an unrelated trade or bus- | | | | | | | |
| | iness 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 | | | | | | | |
| | Total. Add lines 1 through 5 | 1426581. | 2245642. | 2113421. | 1257023. | 2395976. | 943864 | 3. |
| | Amounts included on lines 1, 2, and | | | | | | | |
| | 3 received from disgualified persons | | | | | | | 0. |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | | |
| | amount on line 13 for the year | | | | | | | 0. |
| | Add lines 7a and 7b | | | | | | 042064 | 0. |
| | Public support. (Subtract line 7c from line 6.) | | | | | | 943864 | 3. |
| | tion B. Total Support | | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | - |
| 10a | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1426581. 2,336. | 2245642. 6,001. | <u>2113421.</u> 593. | 1257023. 624. | 2395976. | 943864 | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | |
| | Add lines 10a and 10b | 2,336. | 6,001. | 593. | 624. | 1,585. | 11,13 | 9. |
| | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 2,856. | 3,941. | 14,833. | 10,803. | 14,778. | 47,21 | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | 1431773. | 2255584. | 2128847. | 1268450. | 2412339. | 949699 | 3. |
| 14 | First 5 years. If the Form 990 is for th | e organization's fir | st, second, third, f | ourth, or fifth tax y | ear as a section 5 | 01(c)(3) organizatic | on, | |
| | check this box and stop here | | | | | | ▶[| |
| | tion C. Computation of Public | | | | | | | |
| Sec | | ne 8, column (f), d | ivided by line 13, c | olumn (f)) | | 15 | 99.39 | ç |
| Sec | Public support percentage for 2021 (li | | | | | 16 | 99.44 | 9 |
| Sec 15 16 | Public support percentage from 2020 | | | | | | | |
| Sec 15 16 | | | | | | | | |
| Sec 15 16 Sec | Public support percentage from 2020 | tment Income | Percentage | ne 13, column (f)) | | 17 | .12 | |
| Sec 15 16 Sec 17 18 | Public support percentage from 2020 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 | tment Income 21 (line 10c, colun 2020 Schedule A, I | Percentage nn (f), divided by lir Part III, line 17 | | | 18 | .13 | |
| Sec 15 16 Sec 17 18 | Public support percentage from 2020 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 | tment Income 21 (line 10c, colun 2020 Schedule A, I | Percentage nn (f), divided by lir Part III, line 17 | | | 18 | .13 | |
| Sec 15 16 Sec 17 18 19a | Public support percentage from 2020 tion D. Computation of Inves Investment income percentage for 20 | tment Income 21 (line 10c, colun 2020 Schedule A, organization did n | Percentage nn (f), divided by lin Part III, line 17 ot check the box o | on line 14, and line | 15 is more than 3 | 18 3 1/3%, and line 17 | .13 | ç |
| Sec 15 16 Sec 17 18 19a | Public support percentage from 2020 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2021. If the more than 33 1/3%, check this box an | tment Income 21 (line 10c, colun 2020 Schedule A, organization did n ad stop here. The | Percentage nn (f), divided by lin Part III, line 17 ot check the box o organization qualif | on line 14, and line ies as a publicly su | 15 is more than 3 upported organiza | 18 3 1/3%, and line 17 tion | •13 7 is not ►[| ç |
| Sec 15 16 Sec 17 18 19a b | Public support percentage from 2020 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2021. If the | tment Income 21 (line 10c, colun 2020 Schedule A, organization did n of stop here. The organization did n | Percentage nn (f), divided by lin Part III, line 17 ot check the box o organization qualif ot check a box on | on line 14, and line ies as a publicly su line 14 or line 19a | 15 is more than 3 upported organiza , and line 16 is mo | 18 3 1/3%, and line 17 tion re than 33 1/3%, a | •13 7 is not ►[nd | y y X |

1

2

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **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.)

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021 WILD EARTH WILDERNESS SCHOOL

2

| Ра | rt IV | Supporting Organizations (continued) | | | |
|-----|--------------------------|---|-----|-----|----|
| | | | | Yes | No |
| 11 | Has t | he organization accepted a gift or contribution from any of the following persons? | | | |
| а | A per | son who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c b | elow, the governing body of a supported organization? | 11a | | |
| b | A fam | ily member of a person described on line 11a above? | 11b | | |
| с | A 35% | % controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | | in Part VI. | 11c | | |
| Sec | tion I | B. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | more direct effect | ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> tively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> <i>nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> | | | |
| | | orted 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.

| Sec | uon 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 | | |

| Se | ction 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 on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard | 3 | | |

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year | (see instructions). |
|---|---|---------------------|
| - | | (|

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| с | | The organization supported a | governmental entity. | Describe in Part VI how you supported a governmental entity (see instructions). | |
|---|--|------------------------------|----------------------|--|--|
|---|--|------------------------------|----------------------|--|--|

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

the supported organization(s).

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

2a

2b

3a

Yes No

132026 01-04-22

| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|------|---|----|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |

emergency temporary reduction (see instructions). 6 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

| | | | ~~~~~ |
|------|-------|------------|--------|
| WILD | EARTH | WILDERNESS | SCHOOL |

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

1

| orm 990) 2021 | WILD | EA] |
|---------------|-------------|-----|
| | E P H . L . | |

| _ | | LDERNESS SCHOOI | | 2 | 0-1675636 Page 7 |
|-------|---|-------------------------------|---------------------------------------|------|---|
| Par | t V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continu | ied) | |
| Secti | on D - Distributions | | | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 8 | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| _7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2021 | IS | (iii) Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| а | From 2016 | | | | |
| b | From 2017 | | | | |
| с | From 2018 | | | | |
| d | From 2019 | | | | |
| е | From 2020 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2021 distributable amount | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2021 distributable amount | | | | |
| с | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| | Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | | |
| - | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2017 | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| | | | | | |

Schedule A (Form 990) 2021

WILD EARTH WILDERNESS SCHOOL

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

| OTHER REVENUE | |
|-----------------|---------|
| 2017 AMOUNT: \$ | 2,856. |
| 2018 AMOUNT: \$ | 3,941. |
| 2019 AMOUNT: \$ | 14,833. |
| 2020 AMOUNT: \$ | 10,803. |
| 2021 AMOUNT: \$ | 14,778. |
| | |
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| SCHEDULE D |) |
|------------|---|
|------------|---|

| (Form 9 | 990) |
|---------|------|
|---------|------|

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| | WILD EARTH WILDERN | | 20-1675636 |
|--------|--|--|-----------------------------------|
| Pa | | | Accounts. Complete if the |
| | organization answered "Yes" on Form 990, Part IV, li | ne 6. | |
| | | (a) Donor advised funds | (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 | | funds |
| | are the organization's property, subject to the organization's | s exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor | | |
| | for charitable purposes and not for the benefit of the donor | | |
| | impermissible private benefit? | | |
| Pa | rt II Conservation Easements. Complete if the o | | |
| 1 | Purpose(s) of conservation easements held by the organizat | tion (check all that apply). | |
| | Preservation of land for public use (for example, recreation | ation or education) Preservation of a h | nistorically important land area |
| | Protection of natural habitat | Preservation of a c | certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qual | ified conservation contribution in the form of a | conservation 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 | | | |
| с | Number of conservation easements on a certified historic st | | |
| d | | | |
| - | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re | | |
| Ū | year > | | |
| 4 | Number of states where property subject to conservation ea | asement is located | |
| 5 | Does the organization have a written policy regarding the pe | | |
| - | violations, and enforcement of the conservation easements | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting | | |
| Ū | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, han | dling of violations, and enforcing conservation | easements during the year |
| • | | | casemente admig the year |
| 8 | Does each conservation easement reported on line 2(d) abo | ve satisfy the requirements of section 170(b)(4 |)(B)(i) |
| Ū | and section 170(h)(4)(B)(ii)? | , | |
| 9 | In Part XIII, describe how the organization reports conservat | | |
| · | balance sheet, and include, if applicable, the text of the foot | | |
| | organization's accounting for conservation easements. | | |
| Pa | rt III Organizations Maintaining Collections o | of Art, Historical Treasures, or Othe | r Similar Assets. |
| | Complete if the organization answered "Yes" on Forr | | |
| 1a | If the organization elected, as permitted under FASB ASC 9 | | balance sheet works |
| | of art, historical treasures, or other similar assets held for pu | | |
| | service, provide in Part XIII the text of the footnote to its fina | | |
| h | If the organization elected, as permitted under FASB ASC 9 | | nce sheet works of |
| ~ | art, historical treasures, or other similar assets held for publi | | |
| | 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 tre | easures or other similar assets for financial da | |
| 2 | the following amounts required to be reported under FASB / | | |
| _ | | - | ▶ \$ |
| a h | Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X | | |
| 0 | | | P |

| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued; 3 Using the organization accussion, and other records, check any of the following that make significant use of its collection time (sheck all that apply); a a Proble exclusion d Loan or exchange program b Scholarly research e Other c Provide a deciption of the organization soluctions and explain how they further the organization's occurs, or other similar assets to to exail to a start the organization soluction? Yes No Part IIII Escrow and Custodial Arrangements. Complete if the organization and explain they there the organization and explain they are the organization and explain they are the organization and explain the arrangement in Part XIII. The organization an aquert, trustee, custodian or other intermediary for contributions or other assets not included on form 980, Part X, Ime 21. Image: the organization include an anound no from 980, Part X, Ime 21. 1a Is the organization include an anound no form 980, Part X, Ime 21. Image: the organization include an anound no form 980, Part X, Ime 21. Image: the organization include an anound no form 980, Part X, Ime 21. 1a District anogeneent in Part XIII. Anound the explanation inscience Y-set on form 980, Part X, Ime 21. Image: the organization include an anound no form 980, Part X, Ime 21. Image: the organization include an anound no form 980, Part X, Ime 21. | | | RTH WILDERN | | | | | | 20-16 | | | _{age} 2 |
|---|-----|--|----------------------|--------------|---------------|----------------|-------------|-------------------|---------------------|-----------------|--------|------------------|
| collection fame (check all that apply): Collection fame (check all that apply): Collection fame (check all that apply): Collection (charac generations) Complete (charac generation) Complete (chara generatin) Complete (charac generation) | Par | t III Organizations Maintaining Co | ollections of Ar | t, Histo | prical Tre | easures, or | Other 3 | Similar | ^r Assets | contir | nued) | |
| a Public exhibition d □ can or exchange program b Schlariny research e □ Other c Preservation for future generations e 0 d Provide a description of the organization's collection's collectis collectis collection's collection's collection's co | 3 | Using the organization's acquisition, accessio | n, and other records | s, check | any of the | following that | make sigi | nificant u | use of its | | | |
| b Scholary research e Other | | collection items (check all that apply): | | | | | | | | | | |
| c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 Description of the organization answered "Yes" on Form 990, Part X, line 91, reserved to response to included on Form 990, Part X, line 21. 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Bot for organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Dot for organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 4 Additions of facilities 1 1 1 1 1 1 1 1 1 1 1 1 | а | Public exhibition | d | ı ∐ı | _oan or exc | change progra | m | | | | | |
| Provide a description of the organization's collections and explain how they further the organization's exempt purgoes in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? Beginning balance C Beginning balance Intermediary for contributions or other assets not included on Form 980, Part X? Dot by Urse, " explain the arrangement in Part XIII. Check here II the explanation has been provided on Part XIII Part W Endowment Funds. Complete rift engranization answered "Yes" on Form 980, Part X, line 21, for escrow or custodial account liability? Ves Ves Intermet Funds. Complete rift engranization answered "Yes" on Form 980, Part XIII. Beginning of year balance (a) Current year (b) Privise: a collar balance (c) Two years back (d) Three years back (d) Three years back (e) Four years back Grants or facilities and programs for adjusted engrams | b | Scholarly research | e | | Other | | | | | | | |
| During the year, did the organization solicit or receive donations of art, historical tressures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part M Escrow and Outstodial Arrangements. Complete if the organization asswered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fustsee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP Is the organization an agent, fustsee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP Is the organization and or other intermediary for contributions or other assets not included on Form 990, Part XP Secow and Outstodial Arrangement in Part XIII. Amount Is defined adving the year Is a faile and only the year Is a contributions during the year Is and program. Is an arragement part XII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete the organization answerd "Year" on Form 990, Part X, line 10. Is defining of year balance Is and programs Is a standing adding the year on the organization answerd "Year" on Form 990. Part X, line 10. Is a standing adding the year on the organization factor the organization and programs Is and progra | с | Preservation for future generations | | | | | | | | | | |
| top sold to raise funds rather than to be maintained as part of the organization accellations = [] Yes No. Part IV Escrew and Custodial Arrangements. Complete if the organization answered Yes' on Form 990, Part IV, Ime 9, or reported an amount on Form 990, Part X, Ime 21. Yes No. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ime 21. Image: Complete III and Complete IIII and Complete IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | 4 | Provide a description of the organization's col | lections and explair | how the | ey further th | ne organizatio | n's exemp | ot purpos | se in Part | XIII. | | |
| Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (Im 24). Yes No b If 'Yes, 'explain the arrangement in Part XIII and complete the following table: Amount d additions during the year e additions during the year addition answered 'Yes' on Form 990, Part IV, line 10. e Additions during the year if the organization answered 'Yes' on Form 990, Part IV, line 10. e Additions during the year if the organization answered 'Yes' on Form 990, Part V, line 10. e Additions during the year if the organization answered 'Yes' on Form 990, Part V, line 40. e Additions during the year if the organization answered 'Yes' on Form 990, Part V, line 10. e | 5 | During the year, did the organization solicit or | receive donations of | of art, his | torical trea | sures, or othe | r similar a | ssets | | _ | | _ |
| reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 2b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment FundS. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. a Beginning of year balance [a] Current year b Contributions [a] Current year b Contributions [a] Current year c Net investment earnings, gains, and losses [a] Current year c Tarns or scholarships [a] Current year end balance (line 19, column (a) held as: a Board designated or quarizations [b] for year balance g End of year balance [b] f Administrative expenses [b] g End of year balance [b] g End of year balance [b] g End of year balance [b] f Administrative expenses [b] </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>_</th> <th></th> <th>No</th> | | | | | | | | | | _ | | No |
| 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7 Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ic c Beginning balance Ic Amount Ic d Additions during the year Ic Id Ic 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Pert V Fordowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Additions during the year (c) Four years back (e) Four years back (f) Price years back (f) Price years back 1a Beginning of year balance (h) Prior year (h) Prior year (h) Price years back (f) Four years back (f) | Par | | | ete if the | organizatio | on answered "" | Yes" on F | orm 990 | , Part IV, I | ine 9, or | | |
| on Form 990, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d d Additions during the year 1d d Distributions during the year 1t e Distributions Complete if the organization nasweed "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. ta Beginning of year balance (e) Ourrent year (b) Prior year (c) Two years back (d) Three years back (e) Four years back if a durinistribute scenario answered "Yes" on Form 990, Part X, line 10. to Net investment earnings, gains, and losses dianation and the scenario answered "Yes" on Form 990, Part X, line 10. to Part and the adsignated or quasi-adownet \b | 1a | · · · · | | iary for c | ontribution | s or other ass | ets not in | cluded | | | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: | ia | | | - | | | | | | Ves | | |
| c Beginning balance Id d Additions during the year Id e Distributions during the year Id a Distributions during the year If a Distributions If Im a Distributions Im Part V Endowment Funds. Complete if the organization answered "ves" on Form 990. Part XII. Im Im Part V Endowment Funds. Complete if the organization answered "ves" on Form 990. Part XII. Im Im Im b Contributions Im Im Im Im Im Im b Contributions Im | h | | | | | | | | ∟ | | | |
| c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accounti liability? Yes No b If 'Yes' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back a Grants or scholarships (b) (c) Two years back (e) Four years back a Grants or scholarships (c) (c) Two years back (e) Four years back a drants or scholarships (c) (c) Two years back (e) Four years back (e) Four years back f Administrative expenditures for facilities (c) Two years back (e) Four years back (e) Four years back f Administrative expenses | D. | | | lowing ta | able. | | | | | Amoun | t | |
| d Additions during the year 1d e Distributions during the year 1d f Ending balance 1t 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Dif "Yes," explain the arangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back c Are investment examings, gains, and losses (a) Current year (b) Prior year (c) Two years back (e) Four years back d Grants or scholarships (a) Current year end balance (line 1g, column (a) held as: (a) Current year end balance (in a) four year g End of year balance % % % % % There enclasses on lines 2a, 2b, and 2e should equal 100%. 3a Are there endowment \box% % g End of year balance % % Yes No 3a(0) 3a(0) 3a(0) 3a(0) | c | Beginning balance | | | | | | 10 | | | | |
| e Distributions during the year 1e 1 Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2a Did the organization include an amount on Form 990, Part X, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 4a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 5 Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Other expenditures for facilities (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 7 Administrative expenses (a) Current year (a) Current year (c) Two years back (d) Three years back (e) Four years 8 Cord or schearships (a) Cord or schearships (b) Prior year (c) Two years back (e) Four years <th></th> | | | | | | | | | | | | |
| f Ending balance | | | | | | | | | | | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Control strapping, spans, and losses (a) Current year (b) Prior year (c) Two years back (a) Current year part years back (d) Three years back (e) Four years back 1b Forvide the estimated | - | | | | | | | | | | | |
| b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back 6 Other expenditures for facilities (c) Two years back (c) Two years back (e) Four years back a drainstrative expenses (c) Two years back (c) Two years back (c) Two years back (e) Four years back g End of year balance (c) Two years back | | | | | | | | | | Yes | | No |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Two years back <t< th=""><td></td><td>C C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>_</td><td></td><td>j</td></t<> | | C C | | | | | | | | _ | | j |
| 1a Beginning of year balance Image: Contributions Image: Contributions b Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions e Other expenditures for facilities Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions <t< th=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>)_</td><td></td><td></td><td></td><td></td></t<> | | | | | | | |)_ | | | | |
| b Contributions | | | (a) Current year | (b) P | rior year | (c) Two years | s back 🛛 (d | d) Three y | ears back | (e) Four | years | back |
| b Contributions | 1a | Beginning of year balance | | | | | | | | | | |
| c Net investment earnings, gains, and losses | b | | | | | | | | | | | |
| e Other expenditures for facilities and programs | с | | | | | | | | | | | |
| e Other expenditures for facilities and programs | d | Grants or scholarships | | | | | | | | | | |
| f Administrative expenses | е | | | | | | | | | | | |
| g End of year balance | | and programs | | | | | | | | | | |
| g End of year balance | f | | | | | | | | | | | |
| a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) buildings _ | | | | | | | | | | | | |
| b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: | 2 | Provide the estimated percentage of the curre | ent year end balance | e (line 1g | , column (a | l)) held as: | | | | | | |
| c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b if "Yes" on line 3a(ii), are the related organization's endowment funds. Yes No 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3a(ii) 3a(ii) 3b 4 Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated (d) Book value basis (investment) basis (other) (c) Accumulated (d) Book value (d) Buildings (d) Equipment (d) Cost or other (d) A so for form 400, 123. (d) A so for form 400, 123. (d) Book value | а | Board designated or quasi-endowment | | _% | | | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) c Leasehold improvements c Other c Ot | b | Permanent endowment | % | | | | | | | | | |
| 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings 573, 935. c Leasehold improvements 701, 497. d Equipment 30, 123. e Other 30, 123. | с | Term endowment | 6 | | | | | | | | | |
| by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other (b) Cost or 01, 497. 14, 959. (c) Accumulated (c) Accumulated | | The percentages on lines 2a, 2b, and 2c should | ld equal 100%. | | | | | | | | | |
| (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(i) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings c Leasehold improvements c Leasehold improvements d 701,497. 104,836. 596,661. d Equipment e 0ther | 3a | Are there endowment funds not in the posses | sion of the organiza | tion that | are held a | nd administere | ed for the | organiza | ation | r | | |
| (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 573,935. 573,935. b Buildings | | by: | | | | | | | | | Yes | No |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 573,935. 573,935. b Buildings 701,497. 104,836. 596,661. d Equipment 30,123. 14,959. 15,164. | | | | | | | | | | | | |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation 1a Land 573,935. b Buildings 573,935. c Leasehold improvements 701,497. d Equipment 30,123. e Other 30,123. | | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 573,935. 573,935. b Buildings 5701,497. 104,836. 596,661. c Leasehold improvements 30,123. 14,959. 15,164. | b | | | | | | | | | 3b | | . <u> </u> |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 573,935. 573,935. 573,935. b Buildings 701,497. 104,836. 596,661. d Equipment 30,123. 14,959. 15,164. | 4 | | | wment fu | unds. | | | | | | | |
| Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land573,935.573,935.b Buildings | Par | | | | | | De ta Valla | | | | | |
| Image: basis (investment) basis (other) depreciation 1a Land 573,935. 573,935. b Buildings | | | | | | | | | | | | |
| b Buildings 701,497. 104,836. 596,661. c Leasehold improvements 701,123. 14,959. 15,164. e Other 30,123. 14,959. 15,164. | | Description of property | | | basis | (other) | . , | | ed | (d) Boo | k valu | а |
| b Buildings 701,497. 104,836. 596,661. c Leasehold improvements 701,497. 104,836. 596,661. d Equipment 30,123. 14,959. 15,164. | 1a | Land | | | 57 | 3,935. | | | | 57 | 3,9 | 35. |
| c Leasehold improvements 701,497. 104,836. 596,661. d Equipment 30,123. 14,959. 15,164. | | | | | | | | | | | | |
| d Equipment 30,123. 14,959. 15,164. | | | | | 70 | 1,497. | 1 | 04,83 | 36. | 59 | 5,6 | 61. |
| e Other | | | | | | | | | | | | |
| | | | | | 3 | 30,123. | | 14,95 | | | | |
| | | | | X, colum | n (B), line 1 | 0c.) | | | | 1,18 | 5,7 | 60. |

Schedule D (Form 990) 2021

| Part VII Investments - Other Securities. Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 11b. See Form 990, Part X, line 12. | |
|--|------------------------------|--|------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) Financial derivatives | | | - |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) MONEY ACCOUNT | 1,061,463. | END-OF-YEAR MARKET | VALUE |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | 1 061 462 | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. | 1,061,463. | | |
| | on Form 000 Port IV line 1 | 11a Saa Form 000 Dart V lina 12 | |
| Complete if the organization answered "Yes" (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | hofwar market value |
| | | | a or year market value |
| (1) | | | |
| (2) (3) | | | |
| (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 1 | 11d. See Form 990, Part X, line 15. | |
| (a) | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. | e 15.) | ····· | |
| Complete if the organization answered "Yes" | on Form 990 Part IV line 1 | 11e or 11f See Form 000 Dart V line 05 | |
| (a) December 1 and the little | on rom 330, Fart IV, IIIe | re or rr. See rorring 30, Part A, III e 23 | . (b) Book value |
| | | | |
| | | | |
| (2) (3) | | | |
| (3)(4) | | | |
| (5) | | | |
| (5)(6) | | | |
| (7) | | | |
| (7) (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin | e 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

20-1675636 Page **3**

Schedule D (Form 990) 2021 WILD EARTH WILDERNESS SCHOOL

| Sche | dule D (Form 990) 2021 WILD EARTH WILDERNESS SCHO | OL | | 20-2 | 1675636 Page 4 |
|--|--|--|----------------|---------|-----------------------------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Stateme | nts With R | evenue per Re | | ¥ |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 2,700,294. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | -153. | | |
| b | Donated services and use of facilities | 2b | | | |
| с | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | 2d | 6,449. | | |
| е | Add lines 2a through 2d | | | 2e | <u>6,296.</u> 2,693,998. |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,693,998. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| с | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) | | | 5 | 2,693,998. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statem | | Expenses per F | Returi | າ. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | | | |
| 1 | | | | | |
| | Total expenses and losses per audited financial statements | | | 1 | 1,921,713. |
| 2 | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | 1 | 1,921,713. |
| 2 a | | | | 1 | 1,921,713. |
| _ | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 2a | | 1 | 1,921,713. |
| a | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | 2a 2b | | 1 | 1,921,713. |
| a | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | 2a 2b 2c | 6,449. | 1 | 1,921,713. |
| a | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | 6,449. | 1 2e | 6,449. |
| a b c d | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2b 2c 2d | 6,449. | | |
| a b c d e | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | 6,449. | 2e | 6,449. |
| a b c d e 3 | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 2a 2b 2c 2d | 6,449. | 2e | 6,449. |
| a b c d e 3 4 a | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a 2b 2c 2d 2d | 6,449. | 2e | 6,449. |
| a b c d e 3 4 a | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d 2d 4a 4b | 6,449. | 2e | <u>6,449.</u> 1,915,264. 0. |
| a b c e 3 4 a b c 5 | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2b 2c 2d 2d 4a 4b | 6,449. | 2e 3 | <u>6,449.</u> 1,915,264. |

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| COST OF SALES | 3,309. |
|---------------------------------------|--------|
| FUNDRAISING EXPENSES | 3,140. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 6,449. |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| COST OF SALES | 3,309. |
|--|--------|
| FUNDRAISING EXPENSES | 3,140. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 6,449. |

| Part XIII Supplemental Information (continued) | |
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SCHEDULE O (Form 990)

n 990) Comp

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. 2021 Open to Public Inspection

OMB No. 1545-0047

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