# EXTENSION GRANTED TO MAY 16, 2022

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Α	For the	$=$ 2020 calendar year, or tax year beginning $\cup \cup \cup$	<u>JUN 30, ZUZI</u>	
В	Check if applicable	C Name of organization	D Employer identifi	cation number
	Addres			
L	Name change	Doing business as	82-05234	71
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/si		
	Final return/	910 MAIN STREET 235	208-336-	
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	756,616.
Ļ	Amend	BOISE, ID 03702	H(a) Is this a group re	
	Applica tion pendin	F Name and address of principal officer: 1000 WAD10N	for subordinates	
		SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No
			527 If "No," attach a	list. See instructions
		e: WWW.WINTERWILDLANDS.ORG	H(c) Group exemption	
			ear of formation: 2000 N	M State of legal domicile: ID
Р		Summary	me 3330 DDEGED	III DIIDI TA
9	1 !	Briefly describe the organization's mission or most significant activities: TO PROMO		
& Governance		WINTER WILDLANDS AND A QUALITY HUMAN-POWERED		
Jerr	2 (	Check this box  if the organization discontinued its operations or disposed of n	1	ssets.
ဇ္ဗ	3 1	Number of voting members of the governing body (Part VI, line 1a)		13
∞	4	Number of independent voting members of the governing body (Part VI, line 1b)		7
Activities		Total number of individuals employed in calendar year 2020 (Part V, line 2a)		50
Ξ̈́		Total number of volunteers (estimate if necessary)		0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	1 0	Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
	8 (	Contributions and grants (Part VIII line 1h)	604,360.	655,514.
ıne	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	0.	0.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,886.	
æ	11 (	Other revenue (Part VIII, column (A), lines 5, 4, and 7d)	2,186.	9,721.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	610,432.	665,255.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	432,258.	478,224.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ē	b	Total fundraising expenses (Part IX, column (D), line 25) 52,906.		
й	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	238,242.	174,763.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	670,500.	652,987.
	1	Revenue less expenses. Subtract line 18 from line 12	-60,068.	12,268.
OF Sec	3		Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	229,960.	237,248.
Net Assets or Find Ralances	21	Total liabilities (Part X, line 26)	80,603.	75,676.
<u>===</u>	22	Net assets or fund balances. Subtract line 21 from line 20	149,357.	161,572.
	art II	Signature Block		
	-	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true	e, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		Cignature of officer	Doto	
Sig	I	Signature of officer	Date	
He	re	TODD WALTON, EXECUTIVE DIRECTOR		
_		Type or print name and title	Date Check	II PTIN
Da!	,	Print/Type preparer's name Preparer's signature		
Pai	-	CHERYL GUIDDY CHERYL GUIDDY	12/03/21 self-employ	P00266294 26-4022510
	parer	Firm's name HARRIS & CO., PLLC Firm's address 1120 S. RACKHAM WAY, SUITE 100	Firm's EIN	<u> </u>
US	Only	Firm's address 1120 S. RACKHAM WAY, SUITE 100 MERIDIAN, ID 83642	Dha	08) 333-8965
N 4 c	th = 15	MERIDIAN, ID 03042	Phone no. ( 2	X Ves No
	W TIND IL			INITE INO

		82-0523471	Page <b>2</b>
Pa	rt 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:  TO PROMOTE AND PRESERVE WINTER WILD LANDS AND A QUALITY  SNOW SPORTS EXPERIENCE ON PUBLIC LANDS.	HUMAN-POWEF	RED
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.		
4a	(Code:)(Expenses \$265,322. including grants of \$) (Revenue EDUCATION - EDUCATION PROGRAM DESIGNED TO TEACH SCHOOL ABOUT SNOW ECOLOGY.		1 )
	ABOUT SNOW ECOLOGY.		
4b	(Code: ) (Expenses \$ 158,747. including grants of \$ ) (Revenue NATIONAL - FOSTERED AND LED PUBLIC POLICY EFFORTS PROMOTHUMAN-POWERED RECREATION AND PROTECTING PUBLIC LANDS.		)
4c	(Code:) (Expenses \$101,994. including grants of \$) (Revenue GRASSROOTS - INCREASED AWARENESS OF ISSUES CONCERNING HU		) )
	SNOW SPORTS ON PUBLIC LANDS.		
4d	Other program services (Describe on Schedule O.)		

including grants of \$
526,063.

Form **990** (2020)

) (Revenue \$

Total program service expenses

4e

# Form 990 (2020) WINTER WILDLANDS ALLIANCE, INC. 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)?		37	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	7		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.,
	provide advice on the distribution or investment of amounts in such funds or accounts? 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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<u> </u>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
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	110		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			.,
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			َ
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	امد	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
20-2	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del> -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
_		_	_	

#### 82-0523471 WINTER WILDLANDS ALLIANCE, Form 990 (2020) Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a 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 X 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 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 Х 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х "Yes," complete Schedule L, Part IV X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Х "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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? Х If "Yes," complete Schedule R, Part V, line 2 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 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?			1c	Х	

#### Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No	
<b>2</b> a	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	7				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	X		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					v	
	, , , , , , , , , , , , , , , , , , , ,			3a		<u> </u>	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-	4.		х	
h	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country	accou	πυ?	4a		21	
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	CCOLIF	nts (FRAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		· ·	5a		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X	
	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						
	any contributions that were not tax deductible as charitable contributions?			6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut						
	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).						
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ service \ and \ partly \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ for \ goods \ for \ go$	vices <sub>l</sub>	provided to the payor?	7a		X	
	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					7.7	
	to file Form 8282?		 I	7с		X	
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				v	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file.			7f			
g h	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			711			
sponsoring organization have excess business holdings at any time during the year?							
9 Sponsoring organizations maintaining donor advised funds.							
а	Ditt			9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:		I				
		11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
40-	amounts due or received from them.)	11b		40-			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041 <b>12b</b>	( 	12a			
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZD					
	Is the organization licensed to issue qualified health plans in more than one state?			13a			
ŭ	Note: See the instructions for additional information the organization must report on Schedule O.			iou			
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	13b					
С	Enter the amount of reserves on hand	13c					
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O							
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?							
	If "Yes," see instructions and file Form 4720, Schedule N.					37	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	16		X	
	If "Yes," complete Form 4720, Schedule O.						

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	3									
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	_									
b	Enter the number of voting members included on line 1a, above, who are independent 1b	3									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6	Did the organization have members or stockholders?	6	X								
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?										
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X								
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		l								
	in Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13		X							
14	Did the organization have a written document retention and destruction policy?	14		Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	X								
b	Other officers or key employees of the organization	15b		X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ► NONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(	3)s only	/) avai	lable							
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial								
	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 books and records										
	TODD WALTON - 208-336-4203 910 MAIN ST., STE. 235, BOISE, ID 83702										
	JIU MIMIN DI., DIE. 433, DUIDE, ID 03/U4										

032007 12-23-20

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

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

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

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

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

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

(A)	(B)	(C)					100	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per week		x, unless person ficer and a directo					compensation from	compensation from related	amount of other
	(list anv	tor						the	organizations	compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			en sa l		(W-2/1099-MISC)		organization
	organizations	lal tru	onal t		oloye	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer of the order	Key employee	Highest compensated employee	Former			organizations
(1) TODD WALTON	40.00	_		_			_			
EXECUTIVE DIRECTOR		1		Х				87,000.	0.	16,385.
(2) HAROLD HALLSTEIN IV	2.00									
PRESIDENT/DIRECTOR		Х		Х				0.	0.	0.
(3) ROBIN HARMS	2.00									_
VICE PRESIDENT/DIRECTOR		Х		Х				0.	0.	0.
(4) JAIME MUSNICKI	2.00									
TREASURER/DIRECTOR		Х		Х				0.	0.	0.
(5) SCOTT WHITE	2.00									
SECRETARY/DIRECTOR		Х		Х				0.	0.	0.
(6) MEGAN BIRZELL	2.00									
DIRECTOR		Х						0.	0.	0.
(7) JENNIFER BOCK	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(8) TONY FERLISI	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(9) MICHAEL FIEBIG	2.00								_	
DIRECTOR		Х						0.	0.	0.
(10) ERIK LAMBERT	2.00	l								•
DIRECTOR		Х						0.	0.	0.
(11) RICH MEYER	2.00	l							•	
DIRECTOR		Х						0.	0.	0.
(12) JENNIFER MILLER	2.00								•	0
DIRECTOR	2 00	Х						0.	0.	0.
(13) JASON POUNCY	2.00	,,							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(14) LAURA YALE	2.00	,,							0	•
DIRECTOR		Х						0.	0.	0.
			_		_	_	_			
		1								
	<u> </u>									

Form **990** (2020)

Pai	T VII Section A. Officers, Directors, Trus	tees, Key Em	ployees, and Highest Compensated Employees (continued											
	(A) Name and title	tees, Key Em (B) Average hours per week (list any hours for related organizations below line)	tee or director oppoor opposed	not c	Pos heck	c) sition more erson		one th an stee)	( <b>D</b> )  Reportable  compensation  from  the	es (continued)  (E)  Reportable compensation from related organization (W-2/1099-MIS	on d is	com fr orga	(F) timate nount o other pensa om the anizati d relate	of tion e ion ed
			-											
С	Subtotal  Total from continuation sheets to Part VI Total (add lines 1b and 1c)  Total number of individuals (including but no	I, Section A			· · · · · · · · · · · · · · · · · · ·			<u> </u>	87,000. 0. 87,000. eceived more than \$100	0,000 of reportab	0 • 0 • 0 •		6,38	0.
3 4 5 Sec 1	3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors											X X X		
	Name and business  Total number of independent contractors (i	ncluding but n		ONI		tho	ose li	sted	Description of s			comper	.54101	
	\$100,000 of compensation from the organi	zation >					U						000 (	

Page 9

Form 990 (2020) WINTER Part VIII Statement of Revenue

		Check if Schedule O	contains a r	enonco	or note to any lin	o in this Dart \/III			
		Crieck ii Scrieddie O	Jointains a re	sponse	or note to arry iiri	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenue excluded
						rotarrovenae		business revenue	
									sections 512 - 514
nts Its	1 a	Federated campaigns		la					
	b	Membership dues		lb	34,721.				
S, (	С	Fundraising events	[-	lc					
iji		Related organizations		ld					
اقنی		Government grants (contr		le	70,510.				
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts,			,				
ig E	'		- '	اءا	550,283.				
문원		similar amounts not included		lf	34,533.				
o p	_	Noncash contributions included in	_	lg \$		CEE E14			
<u>a</u> C	h	Total. Add lines 1a-1f				655,514.			
					Business Code				
e e	2 a	<u> </u>							
e Z	b								
<u>8</u> Z	С								
eve	d								
Program Service Revenue	e								
<u>ہ</u> ا	f	All other program service	ravanua						
	'	Total. Add lines 2a-2f			<b>•</b>				
$\dashv$									
	3	Investment income (include				106.			106.
		other similar amounts)				100.			100.
	4	Income from investment of	-	-	t t				
	5	Royalties							
			(i) I	Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss	)						
		Gross amount from sales of		curities	(ii) Other				
		assets other than inventory	''	947.	( )				
		Less: cost or other basis	1a = 5 /						
ஓ	i.		75 20	033.					
Ĭ		and sales expenses		<del>-86.</del>					
e e		Gain or (loss)				0.6			9,5
her Revenue		Net gain or (loss)				-86.			-86.
the l	8 a	Gross income from fundraisi	ng events (no	t					
ō		including \$		of					
		contributions reported on	line 1c). See	9					
		Part IV, line 18		8a					
	b	Less: direct expenses		8b	71,328.				
	С	Net income or (loss) from	fundraising	events		9,721.			9,721.
		Gross income from gamin	•						
		Part IV, line 19							
	h	Less: direct expenses							
		Net income or (loss) from		vities	<b>&gt;</b>				
	10 a	Gross sales of inventory,							
		and allowances							
	b	Less: cost of goods sold		10b					
	С	Net income or (loss) from	sales of inve	entory	<b></b>				
s					Business Code				
og a	11 a	l							
ane	b								
Miscellaneous Revenue	c								
<u> </u>		All other revenue							
≥		Total. Add lines 11a-11d							
	12	Total revenue See instruction				665,255.	0.	0.	9.741.

### Part IX | Statement of Functional Expenses

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

-	Check if Schedule O contains a respons	se or note to any line in	this Part IX	. ( )	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
'	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				
3	· ·				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4					
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	104,645.	84,688.	11,843.	8,114.
^	trustees, and key employees	104,043.	04,000.	11,043.	0,114.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	287,134.	237,226.	30,264.	19,644.
7	Other salaries and wages	201,134.	231,220.	30,204.	15,044.
8	Pension plan accruals and contributions (include	6 542	5,218.	739.	E0E
_	section 401(k) and 403(b) employer contributions)	6,542. 36,363.	26,657.	5,349.	585. 4,357.
9	Other employee benefits	43,540.		5,349.	4,357.
10	Payroll taxes	43,540.	33,961.	5,245.	4,354.
11	Fees for services (nonemployees):				
	Management	075	015	20	20
	Legal	275.	215.	32.	28.
	Accounting	16,237.	12,664.	1,949.	1,624.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	06 505	00.056	2 100	0 640
	column (A) amount, list line 11g expenses on Sch 0.)	26,785.	20,956.	3,180.	2,649. 4,999. 35.
12	Advertising and promotion	48,976.	37,949.	6,028.	4,999.
13	Office expenses	1,366.	1,290.	41.	35.
14	Information technology				
15	Royalties				
16	Occupancy	26,931.	21,181.	3,136.	2,614.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,445.	2,904.	149.	392.
20	Interest				
21	Payments to affiliates	_			
22	Depreciation, depletion, and amortization	1,464.		1,464.	
23	Insurance	3,951.	3,082.	474.	395.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	14,252.	12,146.	1,333.	773.
b	MERCHANDISE EXPENSE	9,777.	8,159.	883.	735.
С	OTHER EXPENSE	8,623.	7,304.	653.	666.
d	DUES AND SUBSCRIPTIONS	6,813.	6,648.	90.	75.
е	All other expenses	5,868.	3,815.	1,186.	867.
25	Total functional expenses. Add lines 1 through 24e	652,987.	526,063.	74,018.	52,906.
26	<b>Joint costs</b> . 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)				
03201	0 12-23-20	I			Form <b>990</b> (2020)

# Form 990 (2020) Part X Balance Sheet

га	IL A	Balance Sneet					
		Check if Schedule O contains a response or	note to any li	ne in this Part X	(A)	·····	
					Beginning of year		End of year
	1	Cash - non-interest-bearing			65,580.	1	37,189.
	2	Savings and temporary cash investments			150,359.	2	85,458.
	3	Pledges and grants receivable, net			,	3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of				5	
	6	Loans and other receivables from other disq		<b>_</b>			
		under section 4958(f)(1)), and persons descr			6		
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			9,264.	9	7,423.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		36,612.			
	Ь	Less: accumulated depreciation		29,988.	4,097.	10c	6,624.
	11	Investments - publicly traded securities			·	11	99,894.
	12	Investments - other securities. See Part IV, li		12	·		
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		660.	15	660.	
	16	<b>Total assets.</b> Add lines 1 through 15 (must e			229,960.	16	237,248.
	17	Accounts payable and accrued expenses			10,093.	17	961.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or					
Liabilities		trustee, key employee, creator or founder, so					
abi		controlled entity or family member of any of				22	
⊐	23	Secured mortgages and notes payable to ur	related third	parties		23	
	24	Unsecured notes and loans payable to unrel	ated third par	ties		24	
	25	Other liabilities (including federal income tax	, payables to	related third			
		parties, and other liabilities not included on I	ines 17-24). C	omplete Part X			
		of Schedule D			70,510.	25	74,715.
	26	Total liabilities. Add lines 17 through 25			80,603.	26	75,676.
(0		Organizations that follow FASB ASC 958,	check here	<b>►</b> X			
ĕ		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			99,434.	27	113,572.
B	28	Net assets with donor restrictions		<u></u>	49,923.	28	48,000.
Ĕ		Organizations that do not follow FASB AS	C 958, check	here 🕨 🔲			
F		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur	nds			29	
SSe	30	Paid-in or capital surplus, or land, building, o	r equipment f	und		30	
tΑ	31	Retained earnings, endowment, accumulate				31	
Se	32	Total net assets or fund balances			149,357.	32	161,572.
	33	Total liabilities and net assets/fund balances			229,960.	33	237,248.

Form **990** (2020)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits ....

D				. u	90			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				Ш			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>55.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2			87.			
3	Revenue less expenses. Subtract line 2 from line 1	3			68.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14		57 <b>.</b>			
5	5 Net unrealized gains (losses) on investments							
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))							
Pa	rt XII Financial Statements and Reporting				X			
Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	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							
	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	e 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							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin							
	Act and OMB Circular A-133?	-	За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi							

Form **990** (2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

# **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization WINTER WILDLANDS ALLIANCE, INC. 82-0523471 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	444,721.	655,171.	566,693.	604,360.	655,514.	2926459.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	444,721.	655,171.	566,693.	604,360.	655,514.	2926459.
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)						1163148.
	Public support. Subtract line 5 from line 4.						1763311.
	ction B. Total Support	-					
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019 604,360.	(e) 2020 655,514.	(f) Total
7	Amounts from line 4	444,721.	655,171.	566,693.	604,360.	655,514.	2926459.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	101	125	0 550	2 006	106	6 000
	and income from similar sources	101.	137.	2,753.	3,886.	106.	6,983.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						2933442.
	<b>Total support.</b> Add lines 7 through 10		,				299,806.
	Gross receipts from related activities,	•				12	299,000.
13	First 5 years. If the Form 990 is for the		rst, secona, tnira,	fourth, or fifth tax	year as a section s	50 I(C)(3)	▶□
800	organization, check this box and storection C. Computation of Publ						<b>P</b>
	Public support percentage for 2020 (I			acluma (fl)		14	60.11 %
							<u> </u>
	5 Public support percentage from 2019 Schedule A, Part II, line 14						,,,
104	stop here. The organization qualifies	•		•		•	
h	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual						
172	10% -facts-and-circumstances tes						
ıı a	and if the organization meets the fact	ū					*
	meets the facts-and-circumstances to		•	-		· ·	
h	10% -facts-and-circumstances tes	_	•		•	 17a and line 15 is	
	more, and if the organization meets the	•				*	10/0 01
	organization meets the facts-and-circle				-		
18	<b>Private foundation.</b> If the organization						s

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

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

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or 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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	. ,				, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third.	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
		· ·		•			
Se	ction C. Computation of Publ						
	Public support percentage for 2020 (			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inve					1	,,
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<del>//</del>
	a 33 1/3% support tests - 2020. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2019. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

### 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

	Yes	No
_		
1		
2		
3a		
3b		
3c		
4a		
44		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9c		
10a		
10b		
m 990 or 99	JU-EZ)	2020

Pai	t IV   Supporting Organizations (continued)			
	The state of the s		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,	_		
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	_		
Sec	tion D. All Type III Supporting Organizations	1		
000	ion B. Air Type in 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		162	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations m	ust complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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	$\neg$		
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integra	ted Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

<u>. u</u> .	t t Type in Non-1 unotionally integrated occ	(a)(a) capporting orgi	(CONTINU	iea)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity	· ·		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 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) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
	<b>b</b> From 2016				
С	<b>c</b> From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
_	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 20	50 MINIEK A	SAMPHATIA	ALLIANCE,	INC.	02-03234/1 Page 8
Part VI	Part IV, Section A, lines line 1; Part IV, Section I	s 1, 2, 3b, 3c, 4b, 4d D, lines 2 and 3; Pa	c, 5a, 6, 9a, 9b, 9c rt IV, Section E, lir	;, 11a, 11b, and 11c; nes 1c, 2a, 2b, 3a, ar	Part IV, Section B, lines	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

**2020** 

WINTER WILDLANDS ALLIANCE, 82-0523471 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\_ 

\$\int \frac{1}{2} \text{ \$\int \t

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;

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

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

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

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

## WINTER WILDLANDS ALLIANCE, INC.

82-0523471

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$130,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>45,000</u> .	Person X Payroll
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	* 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 82,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 6	Name, address, and ZIP + 4	\$ 20,033.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## WINTER WILDLANDS ALLIANCE, INC.

82-0523471

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$14,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### WINTER WILDLANDS ALLIANCE, INC.

82-0523471

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization **Employer identification number** 82-0523471 WINTER WILDLANDS ALLIANCE, INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		_	

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

#### **SCHEDULE C**

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

- Section	11 30 1(6)(4), (3), 01 (6) 01 garliza	lions. Complete Fart III.			
Name of o	organization			Emp	loyer identification number
	WINTER	WILDLANDS ALLIAN	NCE, INC.		82-0523471
Part I-		ganization is exempt un		or is a section 527 of	organization.
2 Politi	cal campaign activity expendit	zation's direct and indirect polit tures ign activities		<b>&gt;</b> \$	S
Part I-		ganization is exempt un			
<b>1</b> Ente	the amount of any excise tax	incurred by the organization ur	nder section 4955		S
2 Ente	the amount of any excise tax	incurred by organization manage	gers under section 495	5▶\$	S
		on 4955 tax, did it file Form 4720			
4a Was	a correction made?				Yes No
	es," describe in Part IV.				( ) (0)
Part I-		ganization is exempt un			(c)(3).
		d by the filing organization for s			S
2 Ente	the amount of the filing organ	nization's funds contributed to o	other organizations for s		
					S
		s. Add lines 1 and 2. Enter here			
line 1	7b			<b>&gt;</b> \$	8
		1120-POL for this year?			
made	e payments. For each organiza	mployer identification number (E ation listed, enter the amount pa comptly and directly delivered to	aid from the filing organi	ization's funds. Also enter tl	he amount of political
politi	cal action committee (PAC). If	additional space is needed, pro	ovide information in Part	t IV.	
	(a) Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

					500454
Schedule C (Form 990 or 990-EZ) 2020  Part II-A Complete if the org section 501(h)).	WINTER WILD panization is exer	LANDS ALLIA npt under section	NCE,INC。 n 501(c)(3) and file	82-0 ed Form 5768 (el	523471 Page 2 ection under
A Check if the filing organiza expenses, and share	tion belongs to an affile re of excess lobbying et tion checked box A ar	expenditures).	Part IV each affiliated	group member's nam	e, address, EIN,
Limi	ts on Lobbying Exper ditures" means amou	nditures	,	(a) Filing organization's totals	(b) Affiliated group totals
<ul> <li>1a Total lobbying expenditures to influence</li> <li>b Total lobbying expenditures to influence</li> <li>c Total lobbying expenditures (add limited double of the exempt purpose expenditure)</li> <li>e Total exempt purpose expenditure</li> <li>f Lobbying nontaxable amount. Entered</li> </ul>	uence a legislative boo nes 1a and 1b) es s (add lines 1c and 1d	ly (direct lobbying)		652,987. 652,987. 122,948.	
If the amount on line 1e, column (a) on Not over \$500,000	or (b) is: The lobble 20% of t	bying nontaxable amount on line 1e.	ount is:	·	
Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,5 Over \$1,500,000 but not over \$17,5	00,000 \$175,00	\$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000. \$225,000 plus 5% of the excess over \$1,500,000.			
Over \$17,000,000  g Grassroots nontaxable amount (er	\$1,000,0			30,737.	
<ul><li>h Subtract line 1g from line 1a. If zer</li><li>i Subtract line 1f from line 1c. If zero</li></ul>	o or less, enter -0 o or less, enter -0			0.	
j If there is an amount other than ze reporting section 4911 tax for this	year?	,		<u>_</u>	Yes No
(Some organizations the	nat made a section 50 See the separa	01(h) election do not ate instructions for lir	have to complete all d les 2a through 2f.)	of the five columns b	elow.
	Lobbying Exper	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> Total
2a Lobbying nontaxable amount     b Lobbying ceiling amount	119,053.	115,722.	125,575.	122,948.	483,298.
(150% of line 2a, column(e))					724,947.
c Total lobbying expenditures	2,450.	2,200.			4,650.

28,931.

2,200.

31,394.

29,763.

2,450.

Schedule C (Form 990 or 990-EZ) 2020

120,825.

181,238.

4,650.

30,737.

**d** Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

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

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

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WINTER WILDLANDS ALLIANCE, INC.

Employer identification number 82-0523471

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other S	Similar Funds o	or Accou	nts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.			
		(a) Donor advise	d funds	(b) Fund	ls 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	writing that the assets he	eld in donor advised	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	ant funds can be us	sed only	
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for ar	ny other purpose co	onferring	
	impermissible private benefit?				Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Ye	s" on Form 990, Pa	rt IV, line 7.	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	_		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically i	mportant land area
	Protection of natural habitat		Preservation of a	certified his	toric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contrib	ution in the form of	a conserva	tion easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not or	a historic structure	e	
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re			rganization	during the tax
	year ▶				
4	Number of states where property subject to conservation ea	sement is located			
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspec	tion, handling of		
	violations, and enforcement of the conservation easements	it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, ar	nd enforcing conse	rvation ease	ements during the year
	<b>&gt;</b>				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation	n easement	ts during the year
	<b>▶</b> \$				
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requiremen	ts of section 170(h)	)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its reve	nue and expense s	tatement an	d
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	financial statemen	its that desc	cribes the
_	organization's accounting for conservation easements.			<u> </u>	
Pai	t III Organizations Maintaining Collections o	•	easures, or Oth	ier Simila	ır Assets.
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 98	,			
	of art, historical treasures, or other similar assets held for pu	,	,	•	oublic
	service, provide in Part XIII the text of the footnote to its fina				
b	If the organization elected, as permitted under FASB ASC 98				
	art, historical treasures, or other similar assets held for public	c exhibition, education, o	r research in furthe	rance of pub	olic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
2	If the organization received or held works of art, historical tre			jain, provide	)
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1			> \$	
b	Assets included in Form 990, Part X			> \$	

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	r Similar	Asse	ts(contin	nued)	
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following that	at make si	gnificant us	e of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	the organizati	ion's exen	npt purpose	in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	asures, or oth	er similar	assets				
	to be sold to raise funds rather than to be ma	intained as part of t	the orga	nization's c	ollection?			<u>. C</u>	Yes		lo
Pai	t IV Escrow and Custodial Arrang								line 9, or		
	reported an amount on Form 990, Part	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not i	included				
	on Form 990, Part X?							□	Yes		lo
b	If "Yes," explain the arrangement in Part XIII a										
	•	•	· ·						Amoun	t	
С	Beginning balance						1c				_
	Additions during the year										_
е	Distributions during the year										_
f	Ending balance										
	Did the organization include an amount on Fo								Yes		lo
	If "Yes," explain the arrangement in Part XIII.						· · · · · · · · · · · · · · · · · · ·				
Pai					_						_
	· 1	(a) Current year		rior year	(c) Two yea		<b>d)</b> Three year	s back	(e) Four	years bac	-k
1a	Beginning of year balance	(a) canone year	(2):	nor your	(6) 1110 300	10 24011	<b>u,</b>	<u> </u>	(5) : 54:	, ou. o .ou.	
b	Contributions										_
c	Net investment earnings, gains, and losses										_
	Grants or scholarships										
	Other expenditures for facilities										_
-											
4	and programs										
	Administrative expenses										
g	End of year balance	ont voor and balanc	l (line 1	a column (	a)) hold as:						
2		ent year end baland	•	g, column (	a)) rielu as.						
a	Board designated or quasi-endowment	%	_%								
D	Permanent endowment ►  Term endowment ►  %										
С		-									
2-	The percentages on lines 2a, 2b, and 2c should be the recent ages of lines 2a, 2b, and 2c should be the recent ages of lines and lines ages of	•	-4: 41	مامامين الم							
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are neid a	and administe	erea for th	ie organizati	on	ī	V N	_
	by:								0-(1)	Yes N	0_
	(i) Unrelated organizations									_	_
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organizate				′				. 3b		
4 Do	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	tunas.							_
Pai			0 D-+ 1	/ United at /	O F 00/	D-4-V					
	Complete if the organization answered										
	Description of property	(a) Cost or o			t or other		cumulated		(d) Boo	k value	
		basis (investr	nent)	basis	(other)	dep	reciation	_			
_	Land										
b	Buildings							$+\!\!\!-$			
С	Leasehold improvements				6 610		20 000	,——		<u> </u>	
d	Equipment				86,612.		29,988	-		6,624	<u> </u>
	Other							+		<u> </u>	_
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, colur	nn (B), line :	10c.)			▶	1	6,624	ŧ.

(a) Describing of Security of Category (including name of convity)	(b) Book value	e 11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or en	d-of-vear market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Nethod of Valuation. Cost of en	u-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d See Form 900 Part V line 15	
		rita. See roitii 330, rait X, iiile 13.	
(a)	Description	Tru. Gee Form 330, Fart X, line 13.	(b) Book value
(a)		Tru. Gee Form 990, Fart A, line 13.	(b) Book value
• • • • • • • • • • • • • • • • • • • •		Thu. Gee Form 990, Fart A, line 13.	(b) Book value
(1) (2)		Thu. Gee Form 990, Fart A, line 13.	(b) Book value
(1) (2) (3)		Tru. Gee Form 990, Fait A, line 13.	(b) Book value
(1) (2) (3) (4)		Tru. Gee Form 990, Fait A, line 13.	(b) Book value
(1) (2) (3) (4) (5)		Thu. Gee Form 990, Fait A, line 13.	(b) Book value
(1) (2) (3) (4)		Thu. Gee Form 990, Fait A, line 13.	(b) Book value
(1) (2) (3) (4) (5) (6) (7)		Thu. Gee Form 990, Fait A, line 13.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)		Thu. Gee Form 990, Fait A, line 13.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	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.	Description  e 15.)	•	
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"	Description  e 15.)	•	
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability	Description  e 15.)	•	5.
(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.  Complete if the organization answered "Yes"  1. (a) Description of liability (1) Federal income taxes	Description  e 15.)	•	5. <b>(b)</b> Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE	Description  e 15.)	•	5. <b>(b)</b> Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE (3)	Description  e 15.)	•	5. <b>(b)</b> Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE (3) (4)	Description  e 15.)	•	5. <b>(b)</b> Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE (3) (4) (5)	Description  e 15.)	•	5. <b>(b)</b> Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE (3) (4) (5) (6)	Description  e 15.)	•	5. <b>(b)</b> Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE (3) (4) (5) (6) (7)	Description  e 15.)	•	5. <b>(b)</b> Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE (3) (4) (5) (6) (7) (8)	Description  e 15.)	•	5. <b>(b)</b> Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"  1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE (3) (4) (5) (6) (7)	e 15.)		5.

82,275.

665,255.

71,328.

2e

3

4c

Sche	edule D (Form 990) 2020 WINTER WILDLANDS ALLIANCE,	INC	•	82-	0523471	Page 4					
Pai	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue per R	etur	n.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.										
1 Total revenue, gains, and other support per audited financial statements					747	,530					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:										
а	Net unrealized gains (losses) on investments	2a	-53.								
b	Donated services and use of facilities	2b	11,000.								
С	Recoveries of prior year grants	2c									

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5

Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements Witl	h Expenses per	Retur	'n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	735,315.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	11,000.		
b	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)		71,328.		
е	Add lines 2a through 2d	2e	82,328.		
3	Subtract line 2e from line 1			3	652,987.
4	Amounts included on Form 990, Part IX, line 25, 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 <b>4a</b> and <b>4b</b>			4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	)		5	652,987.
Da	rt VIII Supplemental Information				

#### Part XIII Supplemental Information.

d Other (Describe in Part XIII.)

Other (Describe in Part XIII.)

Subtract line 2e from line 1

Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

e Add lines 2a through 2d

c Add lines 4a and 4b

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 X, LINE 2:

#### UNCERTAIN TAX POSITIONS

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, WA MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization							ntification number
	WILDLANDS ALLIANCE					82-0523	
Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answer</li> <li>t.</li> </ul>	ered "Y	'es" oı	n Form 990, Part IV,	line 1	7. Form 990-EZ	I filers are not
Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or cor	ustoay	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from re	egistration

Pa	ırt					
		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	pts greater than \$5,000.
			FILM	(b) Event #2	NONE	(d) Total events
			FESTIVAL		1,01,5	(add col. (a) through
_			(event type)	(event type)	(total number)	col. <b>(c)</b> )
nue			, , ,		,	
Revenue	1	Gross receipts	81,049.			81,049.
ш						
	2	Less: Contributions				
			01 040			01 040
	3	Gross income (line 1 minus line 2)	81,049.			81,049.
	,	Cook prizes				
	*	Cash prizes				
	5	Noncash prizes				
Ses						
Sens	6	Rent/facility costs				
EX						
Direct Expenses	7	Food and beverages				
ʿ□		Entertainment				
	8	Entertainment Other direct expenses				71,328.
	10	Direct expense summary. Add lines 4 throug			<b></b>	71,328.
	11	•			_	9,721.
Pa	rt					•
		\$15,000 on Form 990-EZ, line 6a.				_
ē			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue			-	billigo/progressive billigo		col. (a) through col. (c)
Re		Green revenue				
	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses						
xbe	3	Noncash prizes				
ct E						
Dire	4	Rent/facility costs				
	5	Other direct expenses				
	۲	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	1
a					<b>&gt;</b>	•
	En	ter the state(s) in which the organization cond	ucts gaming activities:			Yes No
а	En Is t	ter the state(s) in which the organization condition the organization licensed to conduct gaming a	ucts gaming activities: ctivities in each of these			Yes No
а	En Is t	ter the state(s) in which the organization condithe organization licensed to conduct gaming a	ucts gaming activities: ctivities in each of these			Yes No
a b	En Is t	ter the state(s) in which the organization condithe organization licensed to conduct gaming a No," explain:	ucts gaming activities: _ ctivities in each of these	states?		
a b 10a	En Is I	ter the state(s) in which the organization conditude the organization licensed to conduct gaming a No," explain:  ere any of the organization's gaming licenses recognitions.	ucts gaming activities: ctivities in each of these	states?		
a b 10a	En Is I	ter the state(s) in which the organization condithe organization licensed to conduct gaming a No," explain:	ucts gaming activities: ctivities in each of these	states?		

Sch	nedule G (Form 990 or 990-EZ) 2020 WINTER WILDLANDS ALLIANCE, INC. 82-0	5234	71 Page 3
	Does the organization conduct gaming activities with nonmembers?		es No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Y	es No
13	Indicate the percentage of gaming activity conducted in:		es140
	a The organization's facility	13a	%
	o An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. — Y	es No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
(	c If "Yes," enter name and address of the third party:		
	Name ▶		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
47	Mandatany diatributiona		
	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Y	es No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•	
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, line	es 9, 9b, 10b,
	105, 106, 10, and 175, as applicable. Also provide any additional information. Occ instructions.		

Schedule G	G (Form 990 or 990-EZ)  Supplemental Infor	WINTER	WILDLANDS	ALLIANCE,	INC.	82-0523471	Page 4
Part IV	Supplemental Infor	mation (con	tinued)				

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization WINTER WILDLANDS ALLIANCE, INC. Employer identification number 82-0523471

Pai	rt I Types of Property							
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	eterminii	•	s
1	Art - Works of art		itemio contributed	Tomicoo, ruit viii, iiile ig				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	20,033.	FAIR MARKET	VAI	JUE	
10	Securities - Closely held stock			,				
11	Securities - Partnership, LLC, or							
• •	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (SKI/WINTER GE)	X	5	14,500.	COST TO PUR	CHAS	SE	
26	Other • ()							
27	Other • ()							
28	Other ( )							
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part V, [	Oonee Acknowledg	gement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the dat			•				
	exempt purposes for the entire holding period	?				30a		_X_
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance					31		X
32a	Does the organization hire or use third parties	or related or	ganizations to sol	icit, process, or sell noncash				
						32a		_X_
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule N	1 (Form	990)	2020

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

Schedule M (Form 990) 2020

INC.

Schedule M (Form 990) 2020 WINTER WILDLANDS ALLIANCE,

82-0523471

Page 2

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information. **Open to Public** 

OMB No. 1545-0047

Inspection

Name of the organization

WINTER WILDLANDS ALLIANCE, INC. **Employer identification number** 82-0523471

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION IS A MEMBERSHIP CORPORATION. INDIVIDUALS, SUPPORTIVE ORGANZIATIONS OR ORGANIZATIONS WITH SIMILAR PURPOSES MAY BECOME MEMBERS OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

PER THE ORGANIZATION'S BYLAWS, THE MEMBERS OF THE ORGANZIATION SHALL ELECT TWO MEMBERS OF THE BOARD. EACH MEMBER IS ENTITLED AT EACH MEMBERSHIP MEETING TO ONE (1) VOTE.

FORM 990, PART VI, SECTION B, LINE 11B:

MANAGEMENT AND THE BOARD REVIEW AND APPROVE FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED BY THE CONFLICT OF INTEREST POLICY TO DISCLOSE ANY POTENTIAL CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A:

CHANGES TO THE EXECUTIVE DIRECTOR'S SALARY ARE INITIATED AND DOCUMENTED BY THE BOARD AND THE BOARD EVALUATES ANNUALLY WHETHER TO MAKE COST OF LIVING INCREASES TO EMPLOYEE WAGES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE LOCATED AT THE ORGANIZATION'S PLACE OF BUSINESS AND ARE MADE AVAILABLE TO MEMBERS OF THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or 990 Name of the organization	90-EZ) 2020			T	Page :
Name of the organization	WINTER WILDLA	ANDS ALLIANCE	E, INC.		Employer identification number $82-0523471$
NO CHANGES MAI	DE				
THERE WERE NO	CHANGES MADE	TO THE ORGAN	NIZATION'S	OVERSIGH:	r process or
SELECTION PROC	CESS DURING TH	HE TAX YEAR.			