

2010

CHANGE OF ACCOUNTING PERIOD

OMB No 1545-0047

Form 990

Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A. For the 2009 calendar year, or tax year beginning JAN 1, 2010 and ending JUN 30, 2010

Form header section containing B (Check if applicable), C (Name of organization: WILDLANDS TRUST, INC.), D (Employer identification number: 04-2973205), E (Telephone number: (781) 934-9018), G (Gross receipts \$: 800,537.), H(a) (Is this a group return for affiliates?), H(b) (Are all affiliates included?), I (Tax-exempt status: 501(c)(3)), J (Website: WWW.WILDLANDSTRUST.ORG), K (Form of organization: Corporation), L (Year of formation: 1987), M (State of legal domicile: MA).

Part I Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include 1-22 detailing mission, governance, revenue, and expenses.

Part II Signature Block containing signature of Michael Hanlon, Treasurer, dated 2/2/11, and preparer John A. Lynch, dated 12/27/10, for the firm Needel, Welch & Stone, P.C.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION THE WILDLANDS TRUST, INC. IS A NON-PROFIT ORGANIZATION DEDICATED TO CONSERVING LAND AND PRESERVING THE NATURAL HERITAGE OF SOUTHEASTERN MASSACHUSETTS. WE WORK TO PERMANENTLY PROTECT AND STEWARD IMPORTANT HABITATS AND LANDSCAPES, INCLUDING WOODLANDS AND FIELDS, PONDS,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] 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? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 109,400. including grants of \$ ) (Revenue \$ ) LAND AND CONSERVATION RESTRICTION ACQUISITION: THE ORGANIZATION WORKED WITH LANDOWNERS TO PROTECT IMPORTANT CONSERVATION AND AGRICULTURAL LANDS THROUGH CONSERVATION RESTRICTIONS AND AGRICULTURAL PRESERVATION RESTRICTIONS, AND BY RAISING FUNDS TO PURCHASE ECOLOGICALLY IMPORTANT LANDS. SPECIFICALLY, THE ORGANIZATION COLLABORATED WITH THE MASSACHUSETTS DEPARTMENT OF AGRICULTURAL RESOURCES AND THE TOWN OF WEST BRIDGEWATER TO PROTECT THROUGH AN AGRICULTURAL PRESERVATION RESTRICTION, THE 116-ACRE ANDERSON FARM IN WEST BRIDGEWATER, MASSACHUSETTS. WILDLANDS TRUST, INC. ALSO ACQUIRED THE 30-ACRE LOZINSKI PRESERVE ON THE TAUNTON RIVER IN TAUNTON, MASSACHUSETTS. THROUGH CONSERVATION RESTRICTION AGREEMENTS, THE ORGANIZATION PROTECTED 96 ACRES OF NEW LAND IN THE MASSACHUSETTS TOWNS OF DUXBURY, PLYMOUTH

4b (Code: ) (Expenses \$ 207,327. including grants of \$ ) (Revenue \$ 930. ) STEWARDSHIP: THE ORGANIZATION REMAINED DEDICATED TO THE GOALS OF CONSERVING LAND AND PRESERVING THE NATURAL HERITAGE OF SOUTHEASTERN MASSACHUSETTS, INCLUDING IMPORTANT HABITATS AND LANDSCAPES, WOODLANDS, FIELDS, PONDS, COASTAL AREAS, AGRICULTURAL LANDS, AND RIVER SYSTEMS. STEWARDSHIP WORK FOCUSED ON THE APPROPRIATE MANAGEMENT OF THE 6,300 PROTECTED ACRES HELD BY THE ORGANIZATION. THIS WORK INCLUDED CREATING NEW TRAIL SYSTEMS FOR PUBLIC ENJOYMENT, INSTALLING PARKING LOTS AND SIGNAGE, MANAGING AND MONITORING WILDLIFE HABITATS THROUGHOUT THE REGION (INCLUDING THE IMPLEMENTATION OF PROJECTS TO RESTORE HUNDREDS OF ACRES OF HABITAT FOR FIELD NESTING BIRDS AND OTHER WILDLIFE), AND CONTINUING TO BUILD PARTNERSHIPS TO DEVELOP AND ADVANCE COLLABORATIVE LAND PROTECTION STRATEGIES AND POLICIES TO PROMOTE COMMUNITY

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 316,727.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		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	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
	• 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.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• 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? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	X	
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O.

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
<b>1a</b>		0	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1b</b>		0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>1c</b>			
<b>2a</b>	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		
<b>2a</b>		0	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
<b>2b</b>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4a</b>			
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5a</b>			
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5b</b>			
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6a</b>			
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7d</b>			
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7f</b>			
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7g</b>			
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? N/A		
<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: N/A		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 N/A		
<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: N/A		
<b>a</b>	Gross income from members or shareholders N/A		
<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>12b</b>			

**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 in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	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 in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		X
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?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **▶ MA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**  
**KAREN GREY - (781) 934-9018**  
**165 WEST STREET, DUXBURY, MA 02331**

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

**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. Use Schedule J-2 if additional space is needed.

- 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. 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PHILIP BENJAMIN DIRECTOR	1.00	X					0.	0.	0.	
LYNN CORNELIUS DIRECTOR	1.00	X					0.	0.	0.	
PETER DEMUTH DIRECTOR	1.00	X					0.	0.	0.	
CRYSTAL FARRAR GOULD DIRECTOR	1.00	X					0.	0.	0.	
JERRY INGERSOLL DIRECTOR	1.00	X					0.	0.	0.	
SHIRLEY MUIRHEAD JENKINS DIRECTOR	1.00	X					0.	0.	0.	
KENNETH A. JOHNSTON DIRECTOR	1.00	X					0.	0.	0.	
CHARLES F. KANE, JR. DIRECTOR	1.00	X					0.	0.	0.	
PAMELA FAIRBANKS KIRKPAT DIRECTOR	1.00	X					0.	0.	0.	
GARY LANGENBACH DIRECTOR	1.00	X					0.	0.	0.	
KENNETH C. LEONARD, JR. DIRECTOR	1.00	X					0.	0.	0.	
GREG LUCINI DIRECTOR	1.00	X					0.	0.	0.	
ELLEN M. MILT DIRECTOR	1.00	X					0.	0.	0.	
VIRGINIA MURRAY DIRECTOR	1.00	X					0.	0.	0.	
WAYNE R. PETERSEN DIRECTOR	1.00	X					0.	0.	0.	
LESLIE E. PLIMPTON DIRECTOR	1.00	X					0.	0.	0.	
D. HOWARD RANDALL DIRECTOR	1.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLOTTE EMERY RUSSELL DIRECTOR	1.00	X						0.	0.	0.
DOUGLAS HART PRESIDENT	1.00	X		X				0.	0.	0.
LEBARON R. BRIGGS, IV VICE PRESIDENT	1.00	X		X				0.	0.	0.
MICHAEL HANLON TREASURER	1.00	X		X				0.	0.	0.
MICHAEL NUESSE SECRETARY	1.00	X		X				0.	0.	0.
KAREN GREY EXECUTIVE DIRECTOR	40.00			X				0.	0.	0.
<b>1b Total</b>								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	1 a Federated campaigns	1a					
	b Membership dues	1b	24,581.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	205,084.				
	g Noncash contributions included in lines 1a-1f \$		7,652.				
	<b>h Total.</b> Add lines 1a-1f		229,665.				
	<b>Program Service Revenue</b>	2 a <u>COMMUNITY GARDEN FEES</u>	Business Code 900099	930.	930.		
b							
c							
d							
e							
f All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			930.				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		32,407.			32,407.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	7,547.				
		(ii) Personal					
		b Less: rental expenses	2,609.				
		c Rental income or (loss)	4,938.				
	d Net rental income or (loss)		4,938.			4,938.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	529988.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	515783.				
		c Gain or (loss)	14,205.				
	d Net gain or (loss)		14,205.			14,205.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
11 a							
b							
c							
d All other revenue							
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions			282,145.	930.	0.	51,550.	

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	44,240.	26,544.	4,424.	13,272.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	129,977.	114,492.	14,689.	796.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	13,276.		13,276.	
10 Payroll taxes	15,721.	12,807.	1,728.	1,186.
11 Fees for services (non-employees):				
a Management				
b Legal	3,420.		3,420.	
c Accounting	27,648.		27,648.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	8,919.	6,759.	2,160.	
12 Advertising and promotion				
13 Office expenses	19,642.	2,060.	15,365.	2,217.
14 Information technology				
15 Royalties				
16 Occupancy	8,998.	8,998.		
17 Travel	3,363.	340.	3,023.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,271.	19,183.	8,088.	
23 Insurance	8,241.	5,201.	3,040.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONSERVATION CONTRIB.	84,400.	84,400.		
b LAND ACQUISITION COSTS	25,000.	25,000.		
c STEWARDSHIP	10,887.	10,784.	103.	
d MEMBERSHIP DEVELOPMENT	2,604.	159.	1,945.	500.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	433,607.	316,727.	98,909.	17,971.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year	(B) End of year	
<b>Assets</b>	1 Cash - non-interest-bearing		1 418,533.	
	2 Savings and temporary cash investments		2 337,131.	
	3 Pledges and grants receivable, net		3 79,167.	
	4 Accounts receivable, net		4 1,152.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9 11,523.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,426,739.		
	b Less: accumulated depreciation	10b 398,381.	0.	10c 1,028,358.
	11 Investments - publicly traded securities		11 2,946,214.	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		0.	16 4,822,078.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17 42,404.	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		0.	25 200,000.
	26 <b>Total liabilities.</b> Add lines 17 through 25		0.	26 242,404.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets		27 2,162,862.	
	28 Temporarily restricted net assets		28 879,487.	
	29 Permanently restricted net assets		29 1,537,325.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>		0.	33 4,579,674.
34 <b>Total liabilities and net assets/fund balances</b>		0.	34 4,822,078.	

**Part XI Financial Statements and Reporting**

- 1** Accounting method used to prepare the Form 990:  Cash  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?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>	X	
<b>2b</b>		X
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form 990 (2009)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					229,665.	229,665.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3					229,665.	229,665.
<b>5</b> 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)						91,040.
<b>6 Public support.</b> Subtract line 5 from line 4						138,625.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4					229,665.	229,665.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					39,954.	39,954.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						269,619.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	930.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">▶ <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2010  
OMB No 1545-0047

~~2009~~  
Open to Public Inspection

Name of the organization **WILDLANDS TRUST, INC.** Employer identification number **04-2973205**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	78
b Total acreage restricted by conservation easements	2,075.00
c Number of conservation easements on a certified historic structure included in (a)	0
d Number of conservation easements included in (c) acquired after 8/17/06	0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ 880

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 16,125.

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions	3139418.				
c Net investment earnings, gains, and losses	-92,954.				
d Grants or scholarships					
e Other expenditures for facilities and programs	100,250.				
f Administrative expenses					
g End of year balance	2946214.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  47.40 %
- b Permanent endowment  51.50 %
- c Term endowment  1.10 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,030,956.	236,547.	794,409.
c Leasehold improvements		215,912.	50,317.	165,595.
d Equipment		94,230.	78,013.	16,217.
e Other		85,641.	33,504.	52,137.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,028,358.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART II, LINE 9: CONSERVATION EASEMENTS ARE INCLUDED IN THE**

**ORGANIZATION'S COLLECTIONS AND ARE NOT RECORDED IN THE FINANCIAL**

**STATEMENTS AS PERMITTED BY ACCOUNTING STANDARDS. AS A RESULT,**

**CONSERVATION EASEMENTS CONTRIBUTED TO THE ORGANIZATION ARE NOT INCLUDED IN**

**REVENUES. COSTS INCURRED TO INSPECT AND MAINTAIN THE ORGANIZATION'S**

**CONSERVATION EASEMENTS ARE RECORDED IN THE FINANCIAL STATEMENTS AS**

**EXPENSES.**

**Part XIV** Supplemental Information (continued)

PART III, LINE 1A: CONSERVATION LAND AND CONSERVATION EASEMENTS ARE NOT RECORDED IN THE STATEMENT OF FINANCIAL POSITION IN ACCORDANCE WITH ACCOUNTING STANDARDS FOR NOT-FOR-PROFIT ORGANIZATIONS, SINCE THEY QUALIFY AS A COLLECTION THAT IS HELD FOR PUBLIC EXHIBITION, EDUCATION AND RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FINANCIAL GAIN. CONSERVATION LAND IS PROTECTED, KEPT UNENCUMBERED, CARED FOR AND PRESERVED, AND IT IS SUBJECT TO AN ORGANIZATIONAL POLICY THAT REQUIRES THE PROCEEDS FROM SALES OF CONSERVATION LAND TO BE USED TO ACQUIRE OTHER SUCH LAND. HOWEVER, LAND IS SOMETIMES ACQUIRED ON CONDITION THAT IT BE TRANSFERRED TO TOWN, STATE OR FEDERAL AGENCIES TO BE HELD BY THEM FOR CONSERVATION PURPOSES.

PURCHASES AND SALES OF CONSERVATION LAND ARE RECORDED AS CONSERVATION LAND ACQUISITION EXPENSE AND PROCEEDS FROM THE SALE OR TAKEOVER OF CONSERVATION LAND, RESPECTIVELY, IN THE STATEMENT OF ACTIVITIES.

PART III, LINE 4: THE COLLECTION AT WILDLANDS TRUST, INC. IS COMPRISED OF LARGE TRACTS OF CONSERVATION LAND THAT ARE MONITORED, PROTECTED AND MANAGED FOR THE BENEFIT OF WILDLIFE AND THE GENERAL PUBLIC. APPROXIMATELY 1,500 ACRES OF LAND IN OUR COLLECTION IS OWNED IN FEE BY WILDLANDS TRUST, INC. WHILE AN ADDITIONAL 4,800 ACRES IS OWNED PRIVATELY. THE PRIVATELY HELD LANDS ARE RESTRICTED BY CONSERVATION RESTRICTIONS HELD BY WILDLANDS TRUST, INC. THE LAND IN OUR COLLECTION IS LOCATED THROUGHOUT THE SOUTHEASTERN REGION OF MASSACHUSETTS, AN AREA FACING RAPID GROWTH AND DEVELOPMENT AND THUS REQUIRING THE SERVICES OF A STRONG REGIONAL LAND TRUST. EACH PARCEL BROUGHT INTO THE WILDLANDS TRUST, INC. COLLECTION HAS BEEN STRATEGICALLY SELECTED BECAUSE IT POSSESSES IMPORTANT CHARACTERISTICS LINKED TO PUBLIC BENEFIT. FOR EXAMPLE, A PARCEL MAY PROVIDE FOR THE PROTECTION OF DRINKING WATER, AIR QUALITY, OR WILDLIFE HABITAT. CERTAIN

**Part XIV** Supplemental Information (continued)

PARCELS IN THE COLLECTION ARE HELD BECAUSE THEY OFFER IMPORTANT PUBLIC RECREATION OPPORTUNITIES SUCH AS HIKING, BIKING, BIRD WATCHING, CANOEING OR NATURE STUDY. OTHER PARCELS MAY BE SELECTED TO PROTECT A VIEW SHED OR HISTORIC OR ARCHEOLOGICAL RESOURCES. IN ALL CASES, A PROPERTY IS BROUGHT INTO THE COLLECTION ONLY IF IT SERVES TO FURTHER THE MISSION OF WILDLANDS TRUST, INC.

PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT INCLUDES BOTH DONOR RESTRICTED AND BOARD-DESIGNATED FUNDS. THESE AMOUNTS ARE HELD IN VARIOUS INVESTMENT VEHICLES SO THAT THE RELATED INCOME CAN BE USED TO PROVIDE SUPPORT FOR STEWARDSHIP AND GENERAL OPERATIONS.

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

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OMB No 1545-0047  
~~2009~~  
Open To Public Inspection

Name of the organization **WILDLANDS TRUST, INC.** Employer identification number **04-2973205**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
MARK PRIMACK	FORMER EXECUTIVE DIRECTOR	HOUSING BENEFIT 49

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

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~~2009~~  
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.

Name of the organization: **WILDLANDS TRUST, INC.**  
Employer identification number: **04-2973205**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	3	7,652.	QUOTED MARKET PRICE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures	X	1	0.	
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( _____ )				
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 1

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II.		X
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II.	X	
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, LINE 32B: GIFTS OF MARKETABLE SECURITIES TO THE ORGANIZATION ARE RECEIVED BY A THIRD PARTY BROKER. UPON REQUEST, THE BROKER SELLS THE SECURITIES ON THE ORGANIZATION'S BEHALF AND FORWARDS THE NET PROCEEDS TO THE ORGANIZATION.

SCHEDULE M, LINE 33: THE ORGANIZATION DID NOT REPORT REVENUES FOR THE CONSERVATION EASEMENT DONATED DURING THE YEAR BECAUSE IT DOES NOT CAPITALIZE ITS COLLECTION (CONSERVATION LAND AND EASEMENTS), AS ALLOWED UNDER ACCOUNTING STANDARDS. SEE SCHEDULE D, PART III FOR MORE INFORMATION.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

2010

OMB No 1545-0047

~~2009~~

Open to Public  
Inspection

Name of the organization

WILDLANDS TRUST, INC.

Employer identification number  
04-2973205

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE NATURAL HERITAGE OF SOUTHEASTERN MASSACHUSETTS. WE WORK TO  
PERMANENTLY PROTECT AND STEWARD IMPORTANT HABITATS AND LANDSCAPES,  
INCLUDING WOODLANDS AND FIELDS, PONDS, COASTAL AREAS, AGRICULTURAL  
LANDS AND RIVER SYSTEMS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COASTAL AREAS, AGRICULTURAL LANDS AND RIVER SYSTEMS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE WILDLANDS TRUST (THE TRUST) TRANSFERRED ALL OF ITS ASSETS,  
LIABILITIES, OPERATIONS, CONTRACTS, ETC. TO WILDLANDS TRUST, INC. (THE  
CORPORATION), EFFECTIVE JANUARY 1, 2010. AS DESCRIBED MORE FULLY IN AN  
APPLICATION FOR RECOGNITION OF EXEMPTION UNDER SECTION 501(C)(3) OF THE  
INTERNAL REVENUE CODE (IRC) SUBMITTED BY THE CORPORATION ON OCTOBER 7,  
2009, AS AMENDED, THE TRUST WAS ORGANIZED IN 1973, AND IN 1987, THE  
CORPORATION WAS FORMED SOLELY TO SERVE AS THE TRUSTEE OF THE TRUST. THE  
TRUST AND THE CORPORATION HAD BEEN OPERATING UNDER THIS STRUCTURE SINCE  
1987. IN 2009, IN CONNECTION WITH THE RESTRUCTURING OF THE ENTITIES  
(WHEREBY THE TRUST WOULD TRANSFER ALL OF ITS ASSETS TO THE CORPORATION  
AND SUBSEQUENTLY DISSOLVE), THE CORPORATION SUBMITTED AN APPLICATION  
FOR RECOGNITION OF EXEMPTION UNDER SECTION 501(C)(3) OF THE IRC, AND IN  
2010, THE CORPORATION RECEIVED A LETTER FROM THE IRS CONFIRMING ITS TAX  
EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE IRC.

FOR A COMPLETE DESCRIPTION OF THE NEW PROGRAM SERVICES, SEE PART III,

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

Schedule O (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

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Open to Public  
Inspection

Name of the organization

WILDLANDS TRUST, INC.

Employer identification number  
04-2973205

QUESTIONS #4A & 4B.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND MARSHFIELD.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

UNDERSTANDING AND SUPPORT FOR OUR WORK.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 AND ALL REQUIRED  
SCHEDULES WERE REVIEWED COMPLETELY BY THE FINANCE COMMITTEE OF THE BOARD  
AND THE EXECUTIVE DIRECTOR PRIOR TO ITS FILING. A COPY OF THE FINAL FILED  
FORM 990 WAS FILED IN THE OFFICE OF THE EXECUTIVE DIRECTOR AND WAS ALSO  
DISTRIBUTED TO ALL MEMBERS OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF  
INTEREST POLICY COVERS EACH EMPLOYEE, DIRECTOR, OFFICER, MEMBER OF A  
COMMITTEE AND ANY OTHER PERSON DESIGNATED BY THE PRESIDENT OF THE BOARD.  
ANNUALLY THESE PERSONS SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT,  
AND, DURING THE COURSE OF THE YEAR, SHALL UPDATE SUCH STATEMENT WHENEVER  
THERE IS NEW INFORMATION RELATING TO A POSSIBLE CONFLICT OF INTEREST.  
AFTER DISCLOSURE OF THE FINANCIAL INTEREST OR PERSONAL INTEREST AND ALL  
MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTEREST PERSON, THE  
INTERESTED PERSON SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE  
BOARD OR COMMITTEE CONSIDERS THE TRANSACTION OR ARRANGEMENT INVOLVING THE  
POSSIBLE CONFLICT OF INTEREST AND WHILE THE APPROPRIATE ACTION IS VOTED  
UPON.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

2010  
OMB No 1545-0047

~~2009~~  
Open to Public  
Inspection

Name of the organization

WILDLANDS TRUST, INC.

Employer identification number

04-2973205

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR HAS AN EMPLOYMENT CONTRACT (WHICH WAS ASSUMED FROM THE WILDLANDS TRUST ON JANUARY 1, 2010) WHICH WAS DOCUMENTED AND APPROVED BY THE EXECUTIVE AND FINANCE COMMITTEES AT THE TIME OF HIRE (2007). TO ESTABLISH THE COMPENSATION WHEN DRAFTING THE EXECUTIVE DIRECTOR'S CONTRACT, THE ORGANIZATION CONSULTED WITH COMPARABLE ORGANIZATIONS (INCLUDING A REVIEW OF FORM 990) AND THE MASSACHUSETTS LAND COALITION. ALL DISCUSSIONS AND COMPARABLE DATA HAVE BEEN CONTEMPORANEOUSLY DOCUMENTED. SINCE THE CONTRACT WAS APPROVED, ONLY ANNUAL COST OF LIVING INCREASES HAVE BEEN AWARDED TO THE EXECUTIVE DIRECTOR AND ALL OTHER EMPLOYEES AND SUCH INCREASES WERE APPROVED BY THE FINANCE COMMITTEE AS PART OF THE ANNUAL BUDGET PROCESS.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE IN THE EXECUTIVE DIRECTOR'S OFFICE. IN ADDITION, INDIVIDUALS DESIRING COPIES OF THE DOCUMENTS CAN MAKE A WRITTEN REQUEST TO THE EXECUTIVE DIRECTOR.

FORM 990, PART VII, SECTION A, LINE 1A:

REPORTABLE COMPENSATION

THE ORGANIZATION DID NOT REPORT COMPENSATION FOR ANY OFFICER, DIRECTOR, TRUSTEE, KEY EMPLOYEE OR HIGHEST COMPENSATED EMPLOYEE DUE TO THE FACT THAT THERE WAS NO CALENDAR YEAR ENDING WITHIN THE SHORT PERIOD COVERED BY THIS RETURN. THE REPORTABLE COMPENSATION PAID TO THESE INDIVIDUALS FOR THE ENTIRE 2010 CALENDAR YEAR WILL BE REPORTED ON THE ORGANIZATION'S FORM 990 FOR ITS NEXT FISCAL YEAR (JULY 1, 2010 - JUNE

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

2010  
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~~2009~~  
Open to Public  
Inspection

Name of the organization

WILDLANDS TRUST, INC.

Employer identification number

04-2973205

30, 2011), SINCE THAT IS THE REPORTING PERIOD IN WHICH CALENDAR YEAR  
2010 WILL END.

FORM 990, PART VII, SECTION B, LINE 1:

INDEPENDENT CONTRACTORS

THE ORGANIZATION DID NOT REPORT COMPENSATION PAID TO THE FIVE HIGHEST  
COMPENSATED INDEPENDENT CONTRACTORS DUE TO THE FACT THAT THERE WAS NO  
CALENDAR YEAR ENDING WITHIN THE SHORT PERIOD COVERED BY THIS RETURN.

THE ORGANIZATION WILL REPORT COMPENSATION PAID TO THE FIVE HIGHEST  
COMPENSATED INDEPENDENT CONTRACTORS FOR THE CALENDAR YEAR ENDING  
DECEMBER 31, 2010 (AS APPLICABLE) WHEN IT FILES ITS RETURN FOR THE  
PERIOD OF JULY 1, 2010 - JUNE 30, 2011.

FORM 990, PART V, LINE 1A:

NUMBER IN BOX 3 OF FORM 1096

THE ORGANIZATION DID NOT FILE A FORM 1096 DURING THE SHORT PERIOD ENDED  
JUNE 30, 2010 DUE TO THE FACT THAT THERE WAS NO CALENDAR YEAR ENDING  
WITHIN THE SHORT PERIOD COVERED BY THIS RETURN. THE ORGANIZATION WILL  
FILE FORM 1096 AND REPORT THE APPROPRIATE AMOUNTS FOR THE CALENDAR YEAR  
ENDING DECEMBER 31, 2010 (AS APPLICABLE) AND WILL REPORT THE REQUIRED  
INFORMATION ON FORM 990 WHEN IT FILES ITS RETURN FOR THE PERIOD OF JULY  
1, 2010 - JUNE 30, 2011.

FORM 990, PART V, LINE 1B:

NUMBER OF FORMS W-2G

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

2010  
OMB No 1545-0047

~~2009~~  
Open to Public  
Inspection

Name of the organization

WILDLANDS TRUST, INC.

Employer identification number

04-2973205

THE ORGANIZATION DID NOT FILE A FORM W-2G DURING THE PERIOD ENDED JUNE 30, 2010 DUE TO THE FACT THAT THERE WAS NO CALENDAR YEAR ENDING WITHIN THE SHORT PERIOD COVERED BY THIS RETURN. THE ORGANIZATION WILL FILE A FORM W-2G AND REPORT THE APPROPRIATE AMOUNTS FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2010 (AS APPLICABLE) WHEN IT FILES ITS RETURN FOR THE PERIOD OF JULY 1, 2010 - JUNE 30, 2011.

FORM 990, PART V, LINE 2A:

NUMBER OF FORMS W-3

THE ORGANIZATION DID NOT FILE A FORM W-3 DURING THE PERIOD ENDED JUNE 30, 2010 DUE TO THE FACT THAT THERE WAS NO CALENDAR YEAR ENDING WITHIN THE SHORT PERIOD COVERED BY THIS RETURN. DURING THE SHORT PERIOD ENDED JUNE 30, 2010 THE ORGANIZATION HAD 8 EMPLOYEES. THE ORGANIZATION WILL FILE A FORM W-3 FOR EACH EMPLOYEE AND REPORT THE APPROPRIATE AMOUNTS FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2010 (AS APPLICABLE) AND WILL REPORT THE REQUIRED INFORMATION ON FORM 990 WHEN IT FILES ITS RETURN FOR THE PERIOD OF JULY 1, 2010 - JUNE 30, 2011.

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

COMPENSATION POLICY - OTHER OFFICERS AND KEY EMPLOYEES

THE ORGANIZATION DOES NOT COMPENSATE ANY OTHER INDIVIDUALS MEETING THE DEFINITIONS OF OFFICER OR KEY EMPLOYEE OF THE ORGANIZATION.

FORM 990

FORMS USED FOR CURRENT PERIOD RETURN PREPARATION

THIS RETURN IS BEING FILED FOR THE SHORT PERIOD JANUARY 1, 2010 - JUNE

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

2010  
OMB No 1545-0047

~~2009~~  
Open to Public  
Inspection

Name of the organization

WILDLANDS TRUST, INC.

Employer identification number

04-2973205

30, 2010 (DUE TO A CHANGE IN ACCOUNTING PERIOD). THE RETURN HAS BEEN  
PREPARED ON THE 2009 VERSION AS THE 2010 VERSION WAS NOT AVAILABLE AT  
THE TIME OF FILING.

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(A) NAME OF PERSON: MARK PRIMACK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER EXECUTIVE DIRECTOR

(C) AMOUNT OF GRANT \$ 4938.

(C) TYPE OF ASSISTANCE: HOUSING BENEFIT

FORM 990, SCHEDULE R, PART II:

RELATED ORGANIZATION - THE WILDLANDS TRUST

PRIOR TO JANUARY 1, 2010, THE WILDLANDS TRUST (THE TRUST) SERVED AS THE  
MAIN OPERATING ENTITY WHICH CONDUCTED ALL BUSINESS AND HELD ALL ASSETS,  
LIABILITIES AND NET ASSETS. THE TRUST IS GOVERNED BY THE BOARD OF  
DIRECTORS OF WILDLANDS TRUST, INC. (THE CORPORATION), WHICH, PRIOR TO  
JANUARY 1, 2010, EXISTED SOLELY TO OPERATE THE TRUST. DURING 2009, THE  
BOARD OF DIRECTORS BEGAN THE PROCESS OF TRANSFERRING ALL ASSETS AND  
OPERATIONS OUT OF THE NAME OF THE TRUST AND INTO THE NAME OF THE  
CORPORATION, AT WHICH TIME THE BOARD OF DIRECTORS ALSO DECIDED TO  
DISSOLVE THE TRUST AND BEGIN CONDUCTING ALL BUSINESS IN THE NAME OF THE  
CORPORATION. EFFECTIVE JANUARY 1, 2010, ALL ASSETS, LIABILITIES,  
OPERATIONS, CONTRACTS, ETC. WERE TRANSFERRED INTO THE NAME OF THE  
CORPORATION. THE TRUST IS IN THE PROCESS OF BEING DISSOLVED.

2010

OMB No 1545-0047

~~2009~~

Open to Public Inspection

**SCHEDULE O**  
**(Form 990)**

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

WILDLANDS TRUST, INC.

Employer identification number  
04-2973205

FORM 990, SCHEDULE R, PART V, LINE 2:

TRANSFER FROM RELATED ORGANIZATION

THE WILDLANDS TRUST (THE TRUST) TRANSFERRED ALL OF ITS ASSETS AND  
LIABILITIES TO WILDLANDS TRUST, INC. (THE CORPORATION) EFFECTIVE  
JANUARY 1, 2010. SEE ABOVE FOR ADDITIONAL INFORMATION.





**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)	THE WILDLANDS TRUST	R	4,869,466.
(2)			
(3)			
(4)			
(5)			
(6)			



# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>WILDLANDS TRUST, INC.</b>	Employer identification number <b>04-2973205</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 2282</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DUXBURY, MA 02331</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

**KAREN GREY**

- The books are in the care of ▶ **165 WEST STREET - DUXBURY, MA 02331**  
Telephone No. ▶ **(781) 934-9018** FAX No. ▶ **(781) 934-8110**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JAN 1, 2010**, and ending **JUN 30, 2010**

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.