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Form **990**

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)

▶ 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.**

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021 , and ending 06-30-2022

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
WINTER WILDLANDS ALLIANCE INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
910 MAIN STREET 235

City or town, state or province, country, and ZIP or foreign postal code
BOISE, ID 83702

D Employer identification number
82-0523471

E Telephone number
(208) 336-4203

G Gross receipts $ 739,060

F Name and address of principal officer:
DAVID PAGE
910 MAIN STREET 235
BOISE, ID 83702

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.WINTERWILDLANDS.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2000

M State of legal domicile: ID

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROMOTE AND PRESERVE PUBLIC WINTER WILDLANDS AND A QUALITY HUMAN-POWERED SNOWSPORTS EXPERIENCE.

Activities & Governance

2	Check this box ▶ ☐		
3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	8
6	Total number of volunteers (estimate if necessary)	6	18
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	655,514	674,111
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20	385
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,721	25,601
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	665,255	700,097

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	478,224	516,062
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶53,393		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	174,763	175,486
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	652,987	691,548
19	Revenue less expenses. Subtract line 18 from line 12	12,268	8,549

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	237,248	174,675
21	Total liabilities (Part X, line 26)	75,676	6,709
22	Net assets or fund balances. Subtract line 21 from line 20	161,572	167,966

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		
	Signature of officer	2023-01-11 Date
	DAVID PAGE EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only					
	Print/Type preparer's name	Preparer's signature	Date 2023-01-11	Check ☐ if self-employed	PTIN P00266294
	Firm's name ▶ HARRIS & CO PLLC			Firm's EIN ▶ 26-4022510	
	Firm's address ▶ 1120 S RACKHAM WAY SUITE 100 MERIDIAN, ID 83642			Phone no. (208) 333-8965	

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☑ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2021)

Part 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 HUMAN-POWERED SNOW SPORTS EXPERIENCE ON PUBLIC LANDS.

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 ☑ 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 ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 302,463 including grants of $) (Revenue $)

EDUCATION - EDUCATION PROGRAM DESIGNED TO TEACH SCHOOL AGE CHILDREN ABOUT SNOW ECOLOGY.

4b (Code:) (Expenses $ 159,688 including grants of $) (Revenue $)

NATIONAL - FOSTERED AND LED PUBLIC POLICY EFFORTS PROMOTING HUMAN-POWERED RECREATION AND PROTECTING PUBLIC LANDS.

4c (Code:) (Expenses $ 101,929 including grants of $) (Revenue $)

GRASSROOTS CONSTITUENCY BUILDING: EXPANDING AND INSPIRING A NETWORK OF INDIVIDUALS AND GROUPS TO WORK TOWARD PROTECTING WILD SNOWSCAPES AND SUSTAINABLE HUMAN-POWERED RECREATION ACCESS. THIS INCLUDES BACKCOUNTRY FILM FESTIVAL, TRAIL BREAK PRINT NEWSLETTER, BI-ENNIAL GRASSROOTS ADVOCACY CONFERENCES AND GENERAL DIGITAL COMMUNICATIONS.

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

4e **Total program service expenses** ▶ 564,080

Part IV **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	**1**	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions. . . .	**2**	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	**3**		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	**4**	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III* . .	**5**		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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		No
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		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No

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 Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		

d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	**25b**		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	**1a**	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**		No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					

5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	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:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.		**13a**		
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**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		**14b**		
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 the instructions and file Form 4720, Schedule N.		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		No
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	14		

	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 in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	14		
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**			No
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?	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
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?	**7a**		Yes	
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**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
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*	**9**			No

Section 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**			No
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**			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		Yes	
b	Describe on 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**		Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**		Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	**12c**		Yes	
13	Did the organization have a written whistleblower policy?	**13**			No
14	Did the organization have a written document retention and destruction policy?	**14**			No
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?				
a	The organization's CEO, Executive Director, or top management official	**15a**		Yes	
b	Other officers or key employees of the organization	**15b**			No
	If "Yes" to line 15a or 15b, describe the process on 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**			No
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**			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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:
▶DAVID PAGE 910 MAIN ST STE 235 BOISE, ID 83702 (208) 336-4203

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) DAVID PAGE EXECUTIVE DIRECTOR	40.00			X				0	0	0
(2) TODD WALTON EXECUTIVE DIRECTOR	40.00			X				86,600	0	18,541
(3) HAROLD HALLSTEIN IV PRESIDENT/DIRECTOR	4.00	X		X				0	0	0
(4) SCOTT WHITE VICE PRESIDENT/DIRECTOR	2.00	X		X				0	0	0
(5) JAIME MUSNICKI TREASURER/DIRECTOR	2.00	X		X				0	0	0
(6) MEGAN BIRZELL SECRETARY/DIRECTOR	2.00	X		X				0	0	0
(7) ERIK LAMBERT DIRECTOR	2.00	X						0	0	0
(8) JASON POUNCY DIRECTOR	2.00	X						0	0	0
(9) JENNIFER BOCK DIRECTOR	2.00	X						0	0	0
(10) JENNIFER MILLER DIRECTOR	2.00	X						0	0	0
(11) LAURA YALE DIRECTOR	2.00	X						0	0	0
(12) MIKE FIEBIG DIRECTOR	2.00	X						0	0	0
(13) RICH MEYER DIRECTOR	2.00	X						0	0	0
(14) ROBIN HARMS DIRECTOR	2.00	X						0	0	0
(15) DENIS TUZINOVIC DIRECTOR	2.00	X						0	0	0
(16) TONY FERLISI	2.00									

(16) TONY PERLISI DIRECTOR		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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								86,600	0	18,541

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of 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*	**3**		No
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*	**4**		No
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**		No

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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of compensation from the organization ▶ 0

Part VIII **Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns . .				
	b Membership dues . . 31,724	1b			
	c Fundraising events . . 30,815	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above 611,572	1f			
	g Noncash contributions included in lines 1a - 1f:$ 14,450	1g			
	h **Total.** Add lines 1a-1f . . . . . ▶ 674,111				
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue.				
	g **Total.** Add lines 2a–2f. . . . . ▶				
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		385		385
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents 6a				
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory 7a				
	b Less: cost or 7b				

other basis and sales expenses	7b					
c Gain (loss)	7c					
d Net gain or (loss) ▶						
Other Revenue — 8a Gross income from fundraising events (not including $ 30,815 of contributions reported on line 1c). See Part IV, line 18	8a	64,564				
b Less: direct expenses	8b	38,963				
c Net income or (loss) from fundraising events ▶			25,601			25,601
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e **Total.** Add lines 11a–11d ▶						
12 **Total revenue.** See instructions ▶			700,097	0	0	25,986

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 response or note to any line in this Part IX . . . . . ☐

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	114,509	94,326	11,388	8,795
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	314,241	264,801	28,234	21,206
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,740	6,818	1,048	874
9 Other employee benefits	46,492	33,901	6,868	5,723
10 Payroll taxes	32,080	25,067	3,825	3,188
11 Fees for services (non-employees):				
a Management				

b Legal	2,610	2,610		
c Accounting	20,104	15,681	2,413	2,010
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,485	5,165	720	600
12 Advertising and promotion	38,017	30,017	4,385	3,615
13 Office expenses	1,818	1,462	194	162
14 Information technology				
15 Royalties				
16 Occupancy	29,845	23,811	3,291	2,743
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	27,862	21,332	4,896	1,634
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,695		1,695	
23 Insurance	5,150	2,749	2,048	353
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	16,428	16,282	78	68
b MERCHANDISE EXPENSE	8,832	6,922	1,042	868
c DUES AND SUBSCRIPTIONS	7,068	5,525	858	685
d OPERATING EXPENSES	6,543	5,180	744	619
e All other expenses	3,029	2,431	348	250
25 **Total functional expenses.** Add lines 1 through 24e	691,548	564,080	74,075	53,393
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X **Balance Sheet**

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

				(A) Beginning of year		(B) End of year
Assets	**1**	Cash–non-interest-bearing		37,189	**1**	44,084
	2	Savings and temporary cash investments		85,458	**2**	56,844
	3	Pledges and grants receivable, net			**3**	
	4	Accounts receivable, net			**4**	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			**5**	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			**6**	
	7	Notes and loans receivable, net			**7**	
	8	Inventories for sale or use			**8**	
	9	Prepaid expenses and deferred charges		7,423	**9**	10,419
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	**10a** 36,612			
	b	Less: accumulated depreciation	**10b** 31,683	6,624	**10c**	4,929
	11	Investments—publicly traded securities		99,894	**11**	57,739
	12	Investments—other securities. See Part IV, line 11			**12**	

	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	660	15	660
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	237,248	16	174,675
Liabilities	17	Accounts payable and accrued expenses	961	17	6,709
	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	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	74,715	25	0
	26	**Total liabilities.** Add lines 17 through 25	75,676	26	6,709
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	113,572	27	44,233
	28	Net assets with donor restrictions	48,000	28	123,733
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	161,572	32	167,966
	33	Total liabilities and net assets/fund balances	237,248	33	174,675

Part XI **Reconcilliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	700,097
2	Total expenses (must equal Part IX, column (A), line 25)	2	691,548
3	Revenue less expenses. Subtract line 2 from line 1	3	8,549
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	161,572
5	Net unrealized gains (losses) on investments	5	-2,155
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	167,966

Part XII **Financial Statements and Reporting**

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,			

	consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	**2c**	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?	**3a**		No
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.	**3b**		

Additional Data

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Special Condition Description

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SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and F

Complete if the organization is a section 501(c)(4947(a)(1) nonexempt charit
▶ Attach to Form 990 or Forn
▶ Go to *www.irs.gov/Form990* for instructions

Name of the organization
WINTER WILDLANDS ALLIANCE INC

Part I **Reason for Public Charity Status** (All organizations must com

The organization is not a private foundation because it is: (For lines 1 through 12, che

1 ☐ A church, convention of churches, or association of churches described in

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (For

3 ☐ A hospital or a cooperative hospital service organization described in **sect**

4 ☐ A medical research organization operated in conjunction with a hospital de name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned o **170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **se**

7 ☑ An organization that normally receives a substantial part of its support fro **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Pa

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** ope non-land grant college of agriculture. See instructions. Enter the name, ci

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its suppo from activities related to its exempt functions—subject to certain exceptio investment income and unrelated business taxable income (less section 5 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safet

12 ☐ An organization organized and operated exclusively for the benefit of, to p more publicly supported organizations described in **section 509(a)(1)** o on lines 12a through 12d that describes the type of supporting organizatio

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by organization(s) the power to regularly appoint or elect a majority of the d **complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection management of the supporting organization vested in the same persons t **must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in supported organization(s) (see instructions). **You must complete Part I**

d ☐ **Type III non-functionally integrated.** A supporting organization opera functionally integrated. The organization generally must satisfy a distribut instructions). **You must complete Part IV, Sections A and D, and Par**

e ☐ Check this box if the organization received a written determination from t integrated, or Type III non-functionally integrated supporting organizatio

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the in your go
			Yes
Total			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 1

Part II **Support Schedule for Organizations Described in Sectior**
(Complete only if you checked the box on line 5, 7, or 8 of Par
If the organization failed to qualify under the tests listed below

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 20

(or fiscal year beginning in) ▶			
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	655,171	566,693	
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .			
3 The value of services or facilities furnished by a governmental unit to the organization without charge..			
4 **Total.** Add lines 1 through 3	655,171	566,693	
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .			
6 **Public support.** Subtract line 5 from line 4.			

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2017	**(b)** 2018	**(c)** 20
7 Amounts from line 4. .	655,171	566,693	
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	137	2,753	
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .			
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .			
11 **Total support.** Add lines 7 through 10			

12 Gross receipts from related activities, etc. (see instructions) . . . . . .

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth

this box and **stop here** . . . . . .

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . .

16a **33 1/3% support test—2021.** If the organization did not check the box on line 1

and **stop here.** The organization qualifies as a publicly supported organization .

b **33 1/3% support test—2020.** If the organization did not check a box on line 1

box and **stop here.** The organization qualifies as a publicly supported organizati

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a and if the organization meets the "facts-and-circumstances" test, check this box a

meets the "facts-and-circumstances" test. The organization qualifies as a publicly

b **10%-facts-and-circumstances test—2020.** If the organization did not check more, and if the organization meets the "facts-and-circumstances" test, check th

meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b

instructions . . . . . .

Part III **Support Schedule for Organizations Described in Sect**
(Complete only if you checked the box on line 10 of Part I o
the organization fails to qualify under the tests listed below,

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2017	**(b)** 2018	**(c)** 2
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .			
2 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			
3 Gross receipts from activities that are not an unrelated trade or business under section 513			
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .			
5 The value of services or facilities			

	furnished by a governmental unit to the organization without charge			
6	**Total.** Add lines 1 through 5			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.			
c	Add lines 7a and 7b. .			
8	**Public support.** (Subtract line 7c from line 6.)			

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	**(a)** 2017	**(b)** 2018	**(c)** 2
9	Amounts from line 6. . .			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.			
c	Add lines 10a and 10b.			
11	Net income from unrelated business activities not included on 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 assets (Explain in Part VI.) . .			
13	**Total support.** (Add lines 9, 10c, 11, and 12.). .			

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourt

this box and **stop here**. . . . . .

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, colum

16 Public support percentage from 2020 Schedule A, Part III, line 15 . . . . . .

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2021** (line 10c, column (f) divided by line 13

18 Investment income percentage from **2020** Schedule A, Part III, line 17 . . . .

19a **33 1/3% support tests-2021.** If the organization did not check the box on line

more than 33 1/3%, check this box and **stop here.** The organization qualifies as

b **33 1/3% support tests—2020.** If the organization did not check a box on line

not more than 33 1/3%, check this box and **stop here.** The organization qualifie

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organ *If "No," describe in **Part VI** how the supported organizations are designated. If describe the designation. If historic and continuing relationship, explain.*

2 Did the organization have any supported organization that does not have an IRS 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined t described in section 509(a)(1) or (2).*

3a Did the organization have a supported organization described in section 501(c)(4 *3c below.*

b Did the organization confirm that each supported organization qualified under se the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** w determination.*

c Did the organization ensure that all support to such organizations was used excl *If "Yes," explain in **Part VI** what controls the organization put in place to ensure*

4a Was any supported organization not organized in the United States ("foreign sup *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 organization? *If "Yes," describe in* ***Part VI*** *how the organization had such contro supervised by or in connection with its supported organizations.*

c Did the organization support any foreign supported organization that does not h 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the o to the foreign supported organization was used exclusively for section 170(c)(2)*

5a Did the organization add, substitute, or remove any supported organizations dur *and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the nar organizations added, substituted, or removed; (ii) the reasons for each such act organization's organizing document authorizing such action; and (iv) how the ac amendment to the organizing document).*

b **Type I or Type II only.** Was any added or substituted supported organization organization's organizing document?

c **Substitutions only.** Was the substitution the result of an event beyond the org

6 Did the organization provide support (whether in the form of grants or the provi than (i) its supported organizations, (ii) individuals that are part of the charitabl supported organizations, or (iii) other supporting organizations that also support organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***

7 Did the organization provide a grant, loan, compensation, or other similar paym section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*

8 Did the organization make a loan to a disqualified person (as defined in section *complete Part I of Schedule L (Form 990).*

9a Was the organization controlled directly or indirectly at any time during the tax defined in section 4946 (other than foundation managers and organizations desc *provide detail in* ***Part VI.***

b Did one or more disqualified persons (as defined on line 9a) hold a controlling in organization had an interest? *If "Yes," provide detail in* ***Part VI.***

c Did a disqualified person (as defined on line 9a) have an ownership interest in, in which the supporting organization also had an interest? *If "Yes," provide deta*

10a Was the organization subject to the excess business holdings rules of section 49 certain Type II supporting organizations, and all Type III non-functionally integra *answer line 10b below.*

b Did the organization have any excess business holdings in the tax year? *(Use Sc the organization had excess business holdings).*

Part IV **Supporting Organizations** (continued)

11 Has the organization accepted a gift or contribution from any of the following pe

a A person who directly or indirectly controls, either alone or together with person governing body of a supported organization?

b A family member of a person described on 11a above?

c A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes* ***VI****.*

Section B. Type I Supporting Organizations

1 Did the officers, directors, trustees, or membership of one or more supported or appoint or elect at least a majority of the organization's directors or trustees at *describe in* ***Part VI*** *how the supported organization(s) effectively operated, sup activities. If the organization had more than one supported organization, describ remove directors or trustees were allocated among the supported organizations applied to such powers during the tax year.*

2 Did the organization operate for the benefit of any supported organization other operated, supervised, or controlled the supporting organization? *If "Yes," explai carried out the purposes of the supported organization(s) that operated, supervi organization.*

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year al each of the organization's supported organization(s)? *If "No," describe in* ***Part V*** *supporting organization was vested in the same persons that controlled or mana*

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last c tax year, (i) a written notice describing the type and amount of support provided Form 990 that was most recently filed as of the date of notification, and (iii) cop documents in effect on the date of notification, to the extent not previously prov

2 Were any of the organization's officers, directors, or trustees either (i) appointed organization(s) or (ii) serving on the governing body of a supported organizatior *organization maintained a close and continuous working relationship with the su*

3 By reason of the relationship described in line 2 above, did the organization's su voice in the organization's investment policies and in directing the use of the org during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's sup*

Section E. Type III Functionally-Integrated Supporting Organizati

1 Check the box next to the method that the organization used to satisfy the Integ

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Cor
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** h

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

a Did substantially all of the organization's activities during the tax year directly fu supported organization(s) to which the organization was responsive? *If "Yes," th* ***organizations and explain*** *how these activities directly furthered their exempt responsive to those supported organizations, and how the organization determir substantially all of its activities.*

b Did the activities described on line 2a, above constitute activities that, but for th of the organization's supported organization(s) would have been engaged in? *If the organization's position that its supported organization(s) would have engage organization's involvement.*

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of tl the supported organizations?*If "Yes" or "No", provide details in* ***Part VI.***

b Did the organization exercise a substantial degree of direction over the policies, supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the or*

Part V Type III Non-Functionally Integrated 509(a)(3) Supporti

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifyi **instructions.** All other Type III non-functionally integrated supporting orc

Section A - Adjusted Net Income

1	Net short-term capital gain
2	Recoveries of prior-year distributions
3	Other gross income (see instructions)
4	Add lines 1 through 3
5	Depreciation and depletion
6	Portion of operating expenses paid or incurred for production or collection of gro income or for management, conservation, or maintenance of property held for production of income (see instructions)
7	Other expenses (see instructions)
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

1	Aggregate fair market value of all non-exempt-use assets (see instructions for s tax year or assets held for part of year):
a	Average monthly value of securities
b	Average monthly cash balances
c	Fair market value of other non-exempt-use assets
d	**Total** (add lines 1a, 1b, and 1c)
e	**Discount** claimed for blockage or other factors (*explain in detail in* ***Part VI***):
2	Acquisition indebtedness applicable to non-exempt use assets
3	Subtract line 2 from line 1d
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, se

4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, se instructions).
5	Net value of non-exempt-use assets (subtract line 4 from line 3)
6	Multiply line 5 by 0.035
7	Recoveries of prior-year distributions
8	**Minimum Asset Amount** (add line 7 to line 6)

Section C - Distributable Amount

1	Adjusted net income for prior year (from Section A, line 8, Column A)
2	Enter 85% of line 1
3	Minimum asset amount for prior year (from Section B, line 8, Column A)
4	Enter greater of line 2 or line 3
5	Income tax imposed in prior year
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergenc temporary reduction (see instructions)
7	☐ Check here if the current year is the organization's first as a non-functiona instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporti

Section D - Distributions

1	Amounts paid to supported organizations to accomplish exempt purposes
2	Amounts paid to perform activity that directly furthers exempt purposes of suppo excess of income from activity
3	Administrative expenses paid to accomplish exempt purposes of supported organi
4	Amounts paid to acquire exempt-use assets
5	Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part***
6	Other distributions (*describe in* ***Part VI***). See instructions
7	**Total annual distributions.** Add lines 1 through 6.
8	Distributions to attentive supported organizations to which the organization is res *details in* ***Part VI***). See instructions
9	Distributable amount for 2021 from Section C, line 6
10	Line 8 amount divided by Line 9 amount

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**
1 Distributable amount for 2021 from Section C, line 6	
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in* ***Part VI***). See instructions.	
3 Excess distributions carryover, if any, to 2021:	
a From 2016.	
b From 2017.	
c From 2018.	
d From 2019.	
e From 2020.	
f Total of lines 3a through e	
g Applied to underdistributions of prior years	
h Applied to 2021 distributable amount	
i Carryover from 2016 not applied (see instructions)	
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	
4 Distributions for 2021 from Section D, line 7: $	
a Applied to underdistributions of prior years	
b Applied to 2021 distributable amount	
c Remainder. Subtract lines 4a and 4b from line 4.	
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.	

See instructions.	
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.	
7 Excess distributions carryover to 2022. Add lines 3j and 4c.	
8 Breakdown of line 7:	
a Excess from 2017.	
b Excess from 2018.	
c Excess from 2019.	
d Excess from 2020.	
e Excess from 2021.	

Part VI	**Supplemental Information.** Provide the explanations required by Part Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a a Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also instructions).

Facts And Circumstances

Return Reference	

Additional Data

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Schedule B

(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contri

▶ **Attach to Form 990, 990-EZ,**
▶ **Go to *www.irs.gov/Form990* for the**

Name of the organization
WINTER WILDLANDS ALLIANCE INC

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** tre
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treatec
	☐ 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

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, c money or other property) from any one contributor. Complete Parts I ar contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990 under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (received from any one contributor, during the year, total contributions of t 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and I

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form during the year, total contributions of more than $1,000 *exclusively* for re purposes, or for the prevention of cruelty to children or animals. Complet

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form during the year, contributions *exclusively* for religious, charitable, etc., pu If this box is checked, enter here the total contributions that were receive purpose. Don't complete any of the parts unless the **General Rule** applie religious, charitable, etc., contributions totaling $5,000 or more during the

Caution: An organization that isn't covered by the General Rule and/or the Spec 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2, of its Form 990; o or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing require 990-EZ, or 990-PF).

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

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additi
(a) No.	(b) Name, address, and ZIP + 4
RESTRICTED	
(a) No.	(b) Name, address, and ZIP + 4
(a) No.	(b) Name, address, and ZIP + 4
(a) No.	(b) Name, address, and ZIP + 4
(a) No.	(b) Name, address, and ZIP + 4
(a) No.	(b) Name, address, and ZIP + 4

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is neede
(a) No. from Part I	(b) Description of noncash property given

-	

(a) No. from Part I	(b) Description of noncash property given
-	

(a) No. from Part I	(b) Description of noncash property given
-	

(a) No. from Part I	(b) Description of noncash property given
-	

(a) No. from Part I	(b) Description of noncash property given
-	

(a) No. from Part I	(b) Description of noncash property given
-	

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations than $1,000 for the year from any one contributor. Complete column organizations completing Part III, enter the total of *exclusively* religi year. (Enter this information once. See instructions.)** ▶ **$** _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of g
-		
	(e) Transfer c Transferee's name, address, and ZIP 4	

(a) No. from Part I	(b) Purpose of gift	(c) Use of g
-		
	(e) Transfer c Transferee's name, address, and ZIP 4	

(a) No. from Part I	(b) Purpose of gift	(c) Use of g

		(e) Transfer c
	Transferee's name, address, and ZIP 4	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g
		(e) Transfer c
	Transferee's name, address, and ZIP 4	

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SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobl

For Organizations Exempt From Income Tax Under

▶Complete if the organization is described below. ▶Att
▶Go to *www.irs.gov/Form990* for instructions a

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ,
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A an
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ,
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 5
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under sec

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see s
(Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization
WINTER WILDLANDS ALLIANCE INC

Part I-A Complete if the organization is exempt under section 501

1 Provide a description of the organization's direct and indirect political campaign a "political campaign activities."

2 Political campaign activity expenditures. See instructions .....

3 Volunteer hours for political campaign activities. See instructions .....

Part I-B Complete if the organization is exempt under section 501

1 Enter the amount of any excise tax incurred by the organization under section 4

2 Enter the amount of any excise tax incurred by organization managers under se

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this yea

4a Was a correction made? .....

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501

1 Enter the amount directly expended by the filing organization for section 527 ex

2 Enter the amount of the filing organization's funds contributed to other organiza function activities .....

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form

4 Did the filing organization file **Form 1120-POL** for this year? .....

5 Enter the names, addresses and employer identification number (EIN) of all sect organization made payments. For each organization listed, enter the amount pai of political contributions received that were promptly and directly delivered to a fund or a political action committee (PAC). If additional space is needed, provide

(a) Name	**(b)** Address	**(c)** EIN
1		
2		
3		
4		
5		
6		

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

Part II-A Complete if the organization is exempt under section 5 section 501(h)).

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Pa expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisi

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred

1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	
c	Total lobbying expenditures (add lines 1a and 1b)	
d	Other exempt purpose expenditures	
e	Total exempt purpose expenditures (add lines 1c and 1d)	
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable a
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess
Over $17,000,000	$1,000,000.

g	Grassroots nontaxable amount (enter 25% of line 1f)	
h	Subtract line 1g from line 1a. If zero or less, enter -0-.	
i	Subtract line 1f from line 1c. If zero or less, enter -0-.	
j	If there is an amount other than zero on either line 1h or line 1i, did the organizat section 4911 tax for this year?	

4-Year Averaging Period Under S
(Some organizations that made a section 501(h) election columns below. See the separate instruction

Lobbying Expenditures During 4-Yea

Calendar year (or fiscal year beginning in)		**(a)** 2018	(
2a	Lobbying nontaxable amount	115,722	
b	Lobbying ceiling amount (150% of line 2a, column(e))		
c	Total lobbying expenditures	2,200	
d	Grassroots nontaxable amount	28,931	
e	Grassroots ceiling amount (150% of line 2d, column (e))		
f	Grassroots lobbying expenditures	2,200	

Part II-B **Complete if the organization is exempt under section 5 Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed des activity.

1	During the year, did the filing organization attempt to influence foreign, national including any attempt to influence public opinion on a legislative matter or refer	
a	Volunteers?	
b	Paid staff or management (include compensation in expenses reported on lines	
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
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any simila
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 5
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 s
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for thi

Part III-A Complete if the organization is exempt under section 501(c)(6).

1	Were substantially all (90% or more) dues received nondeductible by members?
2	Did the organization make only in-house lobbying expenditures of $2,000 or less
3	Did the organization agree to carry over lobbying and political expenditures from

Part III-B Complete if the organization is exempt under section 5 and if either (a) BOTH Part III-A, lines 1 and 2, are ans answered "Yes."

1	Dues, assessments and similar amounts from members .....
2	Section 162(e) nondeductible lobbying and political expenditures **(do not inclu expenses for which the section 527(f) tax was paid).**
a	Current year .....
b	Carryover from last year .....
c	Total .....
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible se
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, w the organization agree to carryover to the reasonable estimate of nondeductible expenditure next year? .....
5	Taxable amount of lobbying and political expenditures. See Instructions .....

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; instructions), and Part II-B, line 1. Also, complete this part for any additional informat

Return Reference	Explanation

Additional Data

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Software Version:

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial St

▶ Complete if the organization answered "Ye
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 1
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and

Name of the organization
WINTER WILDLANDS ALLIANCE INC

Part I Organizations Maintaining Donor Advised Funds or Other Si
Complete if the organization answered "Yes" on Form 990, Part IV,

		(a) Donor advise
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 organization's property, subject to the organization's exclusive legal control?

6 Did the organization inform all grantees, donors, and donor advisors in writing that charitable purposes and not for the benefit of the donor or donor advisor, or for an private benefit?

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV,

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

- ☐ Preservation of land for public use (e.g., recreation or education) ☐ P
- ☐ Protection of natural habitat ☐ P
- ☐ Preservation of open space

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 7/25/06, and not structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, tax year ▶ _____

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

5 Does the organization have a written policy regarding the periodic monitoring, insp and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirem and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its re balance sheet, and include, if applicable, the text of the footnote to the organizatio the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Trea
Complete if the organization answered "Yes" on Form 990, Part IV,

1a If the organization elected, as permitted under FASB ASC 958, not to report in its r historical treasures, or other similar assets held for public exhibition, education, or Part XIII, the text of the footnote to its financial statements that describes these it

b If the organization elected, as permitted under FASB ASC 958, to report in its reve historical treasures, or other similar assets held for public exhibition, education, or following amounts relating to these items:

(i) Revenue included on 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 simil following amounts required to be reported under FASB ASC 958 relating to these it

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Trea

3 Using the organization's acquisition, accession, and other records, check any of the items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Lo
- **e** ☐ Ot

4 Provide a description of the organization's collections and explain how they further Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical tr assets to be sold to raise funds rather than to be maintained as part of the organiz

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contribut included on Form 990, Part X? . . . . . .

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

c Beginning balance . . . . . .

d Additions during the year . . . . . .

e Distributions during the year . . . . . .

f Ending balance . . . . . .

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has be

Part V Endowment Funds.

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

	(a) Current year	**(b)** Prior year
1a Beginning of year balance		
b Contributions . . .		
c Net investment earnings, gains, and losses		
d Grants or scholarships . . .		
e Other expenditures for facilities and programs . . .		
f Administrative expenses		
g End of year balance		

2 Provide the estimated percentage of the current year end balance (line 1g, column

- **a** Board designated or quasi-endowment ▶ .....
- **b** Permanent endowment ▶ .....
- **c** Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) Unrelated organizations . . . . . .

(ii) Related organizations . . . . . .

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (othe
1a Land		
b Buildings		
c Leasehold improvements		
d Equipment		36,6
e Other		

Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), li*

Part VII **Investments - Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV,

(a) Description of security or category (including name of security)	**(b)** Book value
(1) Financial derivatives	
(2) Closely-held equity interests	
(3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	

Part VIII **Investments - Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV,

(a) Description of investment
(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
Total. *(Column (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,

	(a) Description
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)*	

Part X **Other Liabilities.**
Complete if the organization answered 'Yes' on Form 990, Part IV,

1.	**(a)** Description of liability
(1) Federal income taxes	

Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)*

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if t

Schedule D (Form 990) 2021

Part XI Reconciliation of Revenue per Audited Financial Statement
Complete if the organization answered 'Yes' on Form 990, Part IV

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

Part XII Reconciliation of Expenses per Audited Financial Statemen
Complete if the organization answered 'Yes' on Form 990, Part IV

1	Total expenses and losses per audited financial statements	
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 XIII.)	**2d**
e	Add lines **2a** through **2d**	
3	Subtract line **2e** from line **1**	
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 XIII.)	**4b**
c	Add lines **4a** and **4b**	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad

Return Reference	
PART X, LINE 2:	UNCERTAIN TAX POSITIONS TH INCOME TAXES ADDRESSES TH EXPECTED TO BE CLAIMED ON STATEMENTS. UNDER THAT GU UNCERTAIN TAX POSITION ON BE SUSTAINED ON EXAMINATI THE POSITION. THE TAX BENE POSITION ARE MEASURED BAS PERCENT LIKELIHOOD OF BEIN UNRECOGNIZED TAX BENEFITS OR 2021. WWA FILES FORM 99 LONGER SUBJECT TO EXAMINA

	LONGER SUBJECT TO EXAMINA 2018.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENTS EXPENSE NE
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENTS EXPENSE NE

Additional Data

Software ID:

Software Version:

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

2021

Open to Public Inspection

Name of the organization
WINTER WILDLANDS ALLIANCE INC

Employer identification number
82-0523471

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

	(a) Event #1	**(b)** Event #2	**(c)** Other events	**(d)** Total events

		(a) Event #1 FILM FESTIVAL (event type)	(b) Event #2 COYOTE YURT TRIP (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	83,064	12,315		95,379
	2 Less: Contributions	27,500	3,315		30,815
	3 Gross income (line 1 minus line 2)	55,564	9,000		64,564
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	29,963	9,000		38,963
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				38,963
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				25,601

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ **Yes** ☐ **No**

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ **Yes** ☐ **No**

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ **Yes** ☐ **No**

12 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? . . . . . ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ **Yes** ☐ **No**

b 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

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
WINTER WILDLANDS ALLIANCE INC

Employer identification number
82-0523471

Return Reference	Explanation
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.
PART XII, LINE 2C	THERE WERE NO CHANGES MADE TO THE ORGANIZATION'S OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

Additional Data

Return to Form

Software ID:
Software Version: