			PUBLIC DISCLOSUR	E	
	_	00	Return of Organization Exempt Fron	n Income Tax	OMB No. 1545-0047
For	mУ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		ons) 2010
•		uary 2020)	Do not enter social security numbers on this form as it m	ay be made public.	Open to Public
Depa Inter	artment nal Rev	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the la	test information.	Inspection
ΑΙ	For th	e 2019 calend	ar year, or tax year beginning $$ OCT $$ $1,$ 2019 and ending	<u>, s</u> ep 30, 2020)
Β	Check if applicat	C Name o	forganization	D Employer identi	fication number
	Addr				
	chan Nam		ERNESS SOCIETY ACTION FUND	82-17429	006
	chan Initia		usiness as		
	returi Final returi	1615	mand street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone numb (202) 42	
	termi	n	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,693,213.
	Amer returi	nded TATA CT	INGTON, DC 20036	H(a) Is this a group	return
	Appli tion		nd address of principal officer: JAMIE WILLIAMS	for subordinate	es? Yes X No
	pend		AS C ABOVE	H(b) Are all subordinates	included? Yes No
		empt status:	$501(c)(3)$ X $501(c)(4) \prec$ (insert no.) $4947(a)(1)$ or	527 If "No," attach	a list. (see instructions)
			WILDERNESSACTION.ORG	H(c) Group exempti	
				Year of formation: 2017	M State of legal domicile: DC
Pa	art I				
e	1	Briefly describ	be the organization's mission or most significant activities: SEE SCHE		
Activities & Governance	2	Check this bo	x if the organization discontinued its operations or disposed of r	nore than 25% of its net a	ssets
ver	3			3	
ဗိ	4		lependent voting members of the governing body (Part VI, line 1b)		
ა ა	5		of individuals employed in calendar year 2019 (Part V, line 2a)		
itie	6		of volunteers (estimate if necessary)		0
cti	7 a		d business revenue from Part VIII, column (C), line 12		a 0.
۲	b		business taxable income from Form 990-T, line 39		0.
				Prior Year	Current Year
¢	8	Contributions	and grants (Part VIII, line 1h)	1,310,617	1,679,098.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	0.	
eve eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		
Œ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,310,658	1,693,213.
	13		milar amounts paid (Part IX, column (A), lines 1-3)	10,000	
	14	•	to or for members (Part IX, column (A), line 4)	0.	
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	72,099	. 305,950.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)	75	. 0.
ă	. b		ing expenses (Part IX, column (D), line 25)	402 777	1 270 104
	1 11		es (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>423,777</u> 505,951	
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	804,707	
<u> </u>	19	Revenue less	expenses. Subtract line 18 from line 12		
ets o	20	Total assets (F	Part X, line 16)	Beginning of Current Year 1,724,605	1,980,760.
Asse	20	-		49,715	418,711.
Net Assets or	22		(Part X, line 26) fund balances. Subtract line 21 from line 20	1,674,890	/
	art II				_,,
		-	I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of n	ny knowledge and belief. it is
			. Declaration of preparer (other than officer) is based on all information of which pre		,,
Sig	n	Signatur	e of officer	Date	
Her			D SEABROOK, VP OF FINANCE		
		Type or p	print name and title		

	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	J. CALVIN MARKS			if self-employed	P0122697	3
Preparer	Firm's name 🕨 JOHNSON LAMBERT	Firn	n's EIN ▶ 52	-1446779		
Use Only	Firm's address 4242 SIX FORKS ROAD, SUITE 1500					
					719-6400	
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)					
					000	

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

0/E9 E/		Exempt Org	ganization D	Jeciaration a	iu olgilatui	6 101	ŀ	OMB No. 1545-0047
orm 8453-E0			Elect	tronic Filing	(ED 2)			0040
	For cale	endar year 2019, or tax	year beginning OCI	. 2019, and e	anding SEP 30	, 20 4	<u></u>	2019
epartment of the Treasury		For use	with Forms 990, 9	90-EZ, 990-PF, 1120	0-POL, and 8868	1		
ternal Revenue Service ame of exempt org		DERNESS	SOCIETY A	CTION FUND			oyer ident 32-174	ification number 42996
	And the second standards and the second standards							
			nformation (W					
no 10 20 30 40 0	or 5a below and ble, blank (do r tl. k here ► heck here ►	I the amount on the amount on the amount on the second sec	that line of the retu ou entered -0- on th al revenue, if any al revenue, if any al tax (Form 1120-	d enter the applicable im being filed with thi ne return, then enter - (Form 990, Part VIII, c (Form 990-EZ, line 9) POL, line 22)	of orm was blank 0- on the applica column (A), line 1	, then leav ble line bel 2)	e line ib, ow. Dor 1b 2b 3b	1,693,213.
a Form 990-PF cl		b Tax	based on investr	ment income (Form 9	990-PF, Part VI, li	ne 5)	4b	
a Form 8868 che		b Bal	ance due (Form 8	868, line 3c)			5b	
	laration of (* And the second of a second		
(direct de taxes owe Treasury institutior	ebit) entry to the ed on this retur Financial Agen ns involved in th	n, and the financial	ion account indica ial institution to de 37 no later than 2 the electronic pay	ted in the tax prepara	account. To revok	e a payme ettlement)	nt, I must date. I als	o authorize the financial
If a copy executed	of this return is the electronic	being filed with	a state agency(ies)) regulating charities a in this return allowing	as part of the IRS disclosure by the	Fed/State IRS of thi	program, s Form 99	l certify that l 00/990-EZ/990-PF
Under penalties of			to the selected sta	ate agency(les).	and that I have ex	amined a	copy of th	e organization's 2019
electronic return an further declare that ntermediate servic (a) an acknowledge the date of any refu	perjury, I decla nd accompanyii t the amount in e provider, tran ement of receip	re that I am an of ng schedules and Part I above is th	ficer of the above d statements, and, he amount shown	named organization a to the best of my knd on the copy of the org tor (ERO) to send the smission, (b) the reas	and that I have ex owledge and beli ganization's elect organization's re son for any delay	amined a c ef, they are ronic retur turn to the in process	copy of the true, corr n. I conset IRS and t ing the re	e organization's 2019 rect, and complete. I nt to allow my to receive from the IRS turn or refund, and (c)
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Page	1	of 1	

Product: Exempt	Category:	IRS Center: Ogden
Name: Wilderness Society Action Fund		e-Postmark: 5/13/2021 12:42 PM
FEIN: ***** 2996		Notification:

Fiscal Year Begin Date: 10/1/2019

Fiscal Year End Date: 9/30/2020

eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/ (Due)	Updated By	eSign Date
05/13/2021	19X:821742996:V1	Upload Started			Marks,Calvin	
05/13/2021	19X:821742996:V1	Released for Transmission - Validation in Progress			Marks,Calvin	
05/13/2021	19X:821742996:V1	Ready to transmit - Validation Complete				
05/13/2021	19X:821742996:V1	Transmitted to FD	5637082021133036ae04			
05/13/2021	19X:821742996:V1	Accepted by FD on 5/13/2021				

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	ictions.		Taxpaye	ridentificat	ion number (TIN)	
print						-	
File by the	WILDERNESS SOCIETY ACTION FUND					742996	
due date fo filing your return. See	Number, street, and room or suite no. If a P.O. box, s 1615 M STREET, NW	ee instruct	ions.				
instructions	City, town or post office, state, and ZIP code. For a few WASHINGTON, DC 20036	oreign addı	ress, see instructions.				
Enter the	e Return Code for the return that this application is for (fil	e a separat	e application for each return)				
Applicat	tion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	0-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	0-T (trust other than above)	06	Form 8870			12	
• If this box 1 I re the the the the the the the the the th	 I request an automatic 6-month extension of time until <u>AUGUST 16, 2021</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for: □ calendar year or ▼ tax year beginning <u>OCT 1, 2019</u>, and ending <u>SEP 30, 2020</u>. 						
	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.				\$	0.	
b lft	his application is for Forms 990-PF, 990-T, 4720, or 6069), enter any	refundable credits and			•	
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3					\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa	-				0	
	ing EFTPS (Electronic Federal Tax Payment System). See			30	\$	0.	
Caution instruction	: If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 88	79-EO for payment	

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

Form 8868 (Rev. 1-2020)

	990 (2019) WILDERNESS SOCIETY ACTION FUND 82-1742996 Page	2
Pa	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission: THE WILDERNESS SOCIETY ACTION FUND WORKS WITH PARTNERS AND LAWMAKERS	
	TO INFLUENCE POLICY RELATED TO PUBLIC LANDS. THIS INCLUDES PUBLIC	
	LANDS' ROLE AS PART OF THE CLIMATE SOLUTION, THEIR IMPORTANCE IN	
	ADDRESSING THE EXTINCTION CRISIS AND THE IMPORTANCE OF ALL PEOPLE	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? Yes X N	0
	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?	0
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 771, 310 •including grants of \$230,000 •) (Revenue \$	
та	THE ACTION FUND HAS ACHIEVED SUCCESS IN MOVING FORWARD IMPORTANT	- '
	LEGISLATION FOR PUBLIC LANDS INCLUDING THE GREAT OUTDOORS AMERICA ACT	_
	AND OTHER IMPORTANT BILLS THAT HAVE ADVANCED OUR MISSION. IT HAS ALSO	—
	SUCCESSFULLY OPPOSED NUMEROUS MEASURES THAT WOULD SET ITS MISSION BACK.	—
	IT HAS HELD DECISION MAKERS ACCOUNTABLE, IN AN EFFORT TO BOTH ADVANCE	—
	OR STOP LEGISLATION AND CREATE A BETTER POLITICAL CLIMATE FOR OUR WORK	—
	AND THE WOKR OF OUR AFFILIATE ORGANIZATION, THE WILDERNESS SOCIETY.	—
		—
		—
		—
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
	, (- ′
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
		—
4d	Other program services (Describe on Schedule O.)	
<u> </u>	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 1,771,310.	—
40	Total program service expenses 1,771,310.	

Form 990 (WILDERNESS		ACTION	FUND
Part IV	Checklis	st of Required Schedule	es		

If Yes, "complete Schedule A 1 X IS the cognization register of complete Schedule 6, Schedule and Continuous? 2 X IS the cognization register of intext or indirect potitical campaign activities on behalt of or in opposition to candidate for public office? If Yes, "complete Schedule C, Part I 3 X IS bectore Stick[0] organization and the register of the organization register in the transmission ascence in Stick[0] organization sectore Stick[0] organization sectore Stick[0] organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-199. If Yes, "complete Schedule C, Part II 8 X ID Id the cognization marking and yound or advest mill indice are accurating if Yes, "complete Schedule D, Part II 8 X ID Id the cognization marking accessment in Stack functions or vorks of at. historical treasures, or other similar assets? If Yes, "complete Schedule D, Part II 8 X ID Id the cognization register an amount in Part X, line 21, for scrow or custodial account liability, save as a custodian for amounts in all side in Part X. Ine 20, Part II 8 X ID Id the cognization register an amount for land, buildings, and equipment in Part X, line 10? If Yes, "complete Schedule D, Part V 10 X ID Id the cognization register an amount for insetsets in Part X, line 12? If Yes, "complete Schedule D, Part V 10 X ID Id the cognization assets anowount for				Yes	No
2 Is the organization required to complete Schedule 8, Schedule of Contributors? 2 X 3 Did the organization engage in direct policical cangages existies on baland of or in opposition to candidates for public follow? If "yes," complete Schedule C, Part II 3 X 4 4 4 4 4 4 5 bit the organization action 501(b) election to candidate for in opposition to candidate for in opposite schedule C, Part II 5 X 6 Did the organization anatom any donor advised tunks or any similar funds or accounts for which donors have the right to for anothers in schedule C, Part II 6 X 7 Did the organization maintain any donor advised tunks or any similar funds or accounts for which donors have the right to for another in schedule and anothers in sch. Hold or advised tunks or another inserve one space. 7 X 8 Did the organization maintain an collections of works of art, historical transures, or other similar assetts? If "yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount for and hubidings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part II 10 X 10 Did the organization report an amount for investments - other saccutics in Part X, line 10? If "res," complete Schedule D, Part VI 11 X	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officier (11*%s), "complete Schedule C, Part I 3 X 4 Section 501(b)(a) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year // **ys," complete Schedule C, Part II 4 4 5 Did the organization matrina during on the securities in Part X, including a security of the securities of the organization matrina any during or assessments, or of the organization matrina any during or assessments, or of the organization matrina any during or assessment of the organization matrina and or any smith funds or accounts? If *Yes," complete Schedule D, Part II 5 X 9 Did the organization repage in amount in Part X, line 21, historic all transures, or other similar assets? If *Yes," complete Schedule D, Part II 8 X 9 Did the organization repage in amount in Part X, line 21, historic all transures, or other similar assets? If *Yes," complete Schedule D, Part II 8 X 10 Did the organization report an amount in Part X, line 21, or escrew or cutodial account liability, serve as a cutodian services? 7 X 11 the organization report an amount in Part X, line 21, we the secretice in Part X, line 10? 11*Yes, * complete Schedule D, Part V 10 Did the organization report an amount for interesterest in Part X, line 10?					<u> </u>
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5 Is the organization ascience 301(c)(d), 501(c)(d), or 501(c)(d) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceedure 98-197 // 'ves, 'complete Schedule C, Part II S X 6 Did the organization maintain any donor advised funds or any similar funds or accounts? for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'res,' complete Schedule D, Part II 6 X 7 Did the organization maintain any donor advised funds or any similar funds or account is to preserve open space, the environment, instolic land areas, or historic structures? If 'res,' complete Schedule D, Part II 7 X 8 Did the organization mount in Part X, ill 1, for escow or custodal account liability, serve as a custodian for amounts not listed in Part X, ill 21, for escow or custodal account liability, serve as a custodian for anounts not listed in Part X, ill 21, for escow or custodal account liability, serve as a custodian for anounts not listed in Part X, ill 21, for escow or custodal account liability, serve as a custodian for account and the organization server any or the following questions is 'ves,' then complete Schedule D, Part V 10 X 10 Did the organization report an amount for runestments - other securities in Part X, line 12, it is 5% or more of its total assets reported in Part X, line 167 if 'res,' complete Schedule D, Part X 11 X 11 Did the organization report an amount for runestments - other securitis in Part X, line 13, it is 5% or more of its total a	4				
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provide advice on the distribution or investment of amounts in such funds or account? If "Yes," complete Schedule D, Part II 6 X 7 Define organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical frequence, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization maintain collections of works of art, historical frequence, or debt negation services? 9 X 10 Id the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide cardial consening, debt management, credit repair, or debt negation services? 9 X 10 Id the organization, findelty of through a related organization, hold assets in donor-restricted endowments or in asset and the line X is applicable. 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? II 'Yes,' complete Schedule D, Part VI 11 X 12 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? II 'Yes,' complete Schedule D, Part VI 11 X <			5		<u> </u>
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the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X 13 Is the organization aschool described in section 170(b)(1)(A)(ii? If "Yes," complete Schedule D, Parts XI and XII is optional 12b X 14a Did the organization naintain an office, employees, or agents outside of the United States? 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization 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 II and IV 14b X 16 Did the organization report a total of more than \$15,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II 17 X 18 Did the organization report more than \$15,000 of grass income and contributions on Part VIII, lines a complete Schedule G, Part II 17 X 16 Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, lines a complete Schedule G, Part II			11e		
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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		domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I. Parts I and II</i>	21	х	

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 Form 990 (2019)
 WILDERNESS
 SOCIETY
 ACTION
 FUND

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

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
~ 4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
<u>م</u> ح	Part V, line 1	34	л	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		
30		36		
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 37		<u> </u>
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Ра	rt V Statements Regarding Other IRS Filings and Tax Compliance	1 00		L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		103	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1b			
c				
	(gambling) winnings to prize winners?	10	x	

	990 (2019) WILDERNESS SOCIETY ACTION FUND 82-1742	996	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
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		X
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F -		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a	х	
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a	- 23	<u> </u>
b		6b	х	
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	0.0		
'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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	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.)	40	-	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	-	138		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

WILDERNESS SOCIETY ACTION FUND

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	;		
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	.,		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DAVID SEABROOK - (202) 424-4400			
	1615 M STREET, NW, WASHINGTON, DC 20036			

Form 990 (2019)	WILDERNESS SOCIETY ACTION FUND	82-1742996	Page 7
	sation of Officers, Directors, Trustees, Key Employees, Highe	st Compensated	
Employe	es, and Independent Contractors		
Check if Sc	hedule O contains a response or note to any line in this Part VII		
Section A. Officers, D	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 en	nding with or within the organization's	tax year.
 List all of the orga 	anization's current officers, directors, trustees (whether individuals or organization	ns), regardless of amount of compensa	ation.
Enter -0- in columns (D),	, (E), and (F) if no compensation was paid.		

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

See 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.

Name and title Average hours per weak its any biows main sequences biows and sequences	(A)	(B)	(C)		(D)	(E)	(F)				
hours per week (list and a metal-analysis analysis a			(do	noto	Pos	itior					
week (ist ary burstor inelated organizations below line) interm ist ist ist ist ist inelated organizations inelated organizations inelated organizations inelated organizations inelated organizations inelated organizations inelated organizations (W2/1099-MISC) interm ist ist ist ist ist ist ist ist ist ist		-	box	, unle	ss pei	rson i	is botł	n an	compensation	compensation	amount of
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Form 990 (2019) WILDERNES	SS SOCIE	TY	A	CT.	IO	N	FU	JND	82-17	4299	96	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)								, ,				
(A) Name and title	(B) Average hours per week	box	not c , unles	ss per	ition more rson is	than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related	1	Estin amo	F) nated unt of her
	(list any hours for related organizations below line)	Individual trustee or director				the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS(C)	fron organ and r	nsation n the ization elated zations		
		-	-	0	X	Ξæ	ц					
		-										
		-										
		-										
		-										
		-										
		-										
1b Subtotal								0.	578,97		50	,645.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0.	578,97	<u>0.</u> 5.	50	0. ,645.
2 Total number of individuals (including but n							o re			<u></u>		
compensation from the organization											Y	0 es No
3 Did the organization list any former officer,	director, trust	ee, k	key e	mpl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s										🖵	3	X
4 For any individual listed on line 1a, is the su										_		x
and related organizations greater than \$1505 Did any person listed on line 1a receive or a			•							-	4 2	
rendered to the organization? If "Yes." corr								· · · ·			5	X
Section B. Independent Contractors	-			-								
 Complete this table for your five highest co the organization. Report compensation for 	•	•							•	nsatior	n from	
(A) Name and business				0				(B) Description of s		Con	(C)	ation
CHONG AND KOSTER LLC, 164					D			MEDIA CONSUL	TING			
AVE, NW, STE 600, WASHING	TON, DC	2	00	36				SERVICES		6	563	,040.
2 Total number of independent contractors (ii \$100,000 of compensation from the organized statement of	•	ot lin	nitec	to	thos 1	e lis	ted	above) who received mo	ore than			

				SOCIETY AC	TION FUND		82-1742	996 _{Page} 9
Pa	rt VI							
		Check if Schedule O	contains a respo	nse or note to any li	ne in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded
s s	1 a	Federated campaigns	1a					
ran: unt	b		1b					
s, G	с	Fundraising events						
Gift: lar /	d	d Related organizations	1d	240,000.	-			
ns, (imil	е	e Government grants (contr			-			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts,		1 420 000				
oth		similar amounts not included		<u>1,439,098.</u> 24,106.				
out	g	9 Noncash contributions included in 1 Total. Add lines 1a-1f	lines 1a-1f 1g \$		1,679,098.			
0 0	1	TOTAL AUD INES TATI		Business Code	<u>, , , , , , , , , , , , , , , , , , , </u>			
Ð	2 a	3						
Program Service Revenue	b							
Sei	с							
am	d							
'ogr B	е							
ď		All other program service	revenue					
	3	Investment income (includ			14,115.			14,115.
	4	other similar amounts) Income from investment o			14,113.			14,113.
	- 5	Royalties	-	-				
	J		(i) Real	(ii) Personal				
	6 a	a Gross rents	6a		-			
	b	Less: rental expenses	6b					
	с		6c					
	d	d Net rental income or (loss	s) <u> </u>	►				
	7 a	a Gross amount from sales of	(i) Securit	ies (ii) Other	_			
		assets other than inventory	7a		_			
	b	• Less: cost or other basis						
svenue		and sales expenses	7b 7c		-			
		Gain or (loss)						
er Re		 Net gain or (loss) Gross income from fundraisi 						
Other	0 4	including \$	0					
•		contributions reported on						
		Part IV, line 18	,	8a				
	b	Less: direct expenses		8b				
	С	Net income or (loss) from	fundraising even	nt <u>s</u> 🕨				
	9 a	a Gross income from gamin						
		Part IV, line 19		9a				
		Less: direct expenses		9b				
		Net income or (loss) fromGross sales of inventory,		s				
	iu a	and allowances		10a				
	h	Less: cost of goods sold		10a				
		Net income or (loss) from						
		(····)		Business Code				
Miscellaneous Revenue	11 a	a						
ane	b							
Seve	С							
Mis	d	All other revenue						
	e	Total. Add lines 11a-11d Total revenue. See instruction)	1 693 212	0.	0.	14,115.
	1/	I DIALLEVENUE DEE INSULICIÓ	005			· · · ·	. V.	

WILDERNESS SOCIETY ACTION FUND 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). Х Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising expenses (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 230,000. 230,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 Benefits paid to or for members 4 Compensation of current officers, directors, 5 trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 245,686. 210,942. 34,744. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 60,264. 60,264. 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): Management а 11,307. 11,307. Legal b С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 820,105. 820,105. column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 117,122. 117,122. Office expenses 13 Information technology 14 15 Royalties 54,374. 54,374. 16 Occupancy 5.140. 5,140. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 240,000. 240,000. 21 4,174. 4,174. Depreciation, depletion, and amortization 22 1,075. 1,075. 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 16,756. 16,756. DUES & SUBSCRIPTIONS а b С d 51. 51. All other expenses е 1,806,054. 1,771,310. 34,744. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

if following SOP 98-2 (ASC 958-720)

33

Total liabilities and net assets/fund balances

WILDERNESS S	OCIETY A	ACTION	FUND
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82-1742996 Page 11

Form	n 990 (j		CIETY	ACTION FUND		82-	1742996 Page 11
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,589,033.	1	1,659,472.
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			100,000.	4	5,000.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	ified per				
		under section 4958(f)(1)), and persons described	d in sec [.]	tion 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			12,426.	9	287,400.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	36,859.			
	b	Less: accumulated depreciation	10b	7,971.	23,146.	10c	28,888.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	ial line 3	3)	1,724,605.	16	1,980,760.
	17	Accounts payable and accrued expenses			49,715.	17	418,711.
	18	Grants payable		······ _		18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or forn					
Liabilities		trustee, key employee, creator or founder, subs					
iab.		controlled entity or family member of any of the		·····		22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X		05	
		of Schedule D			49,715.	25	418,711.
	26	Total liabilities. Add lines 17 through 25		• • V	49,713.	26	410,/11.
ŷ		Organizations that follow FASB ASC 958, che	eck ner				
nce	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		-	1,674,890.	27	1,562,049.
ala	27				1,074,090.	27	1,502,045.
Net Assets or Fund Balances	20	Organizations that do not follow FASB ASC 9		ock here		20	
		and complete lines 29 through 33.	, che				
	29	Capital stock or trust principal, or current funds		F		29	
	30	Paid-in or capital surplus, or land, building, or ea				30	
	31	Retained earnings, endowment, accumulated in				31	
let ,	32	Total net assets or fund balances			1,674,890.	32	1,562,049.
2	1		•••••		4 204 602		

1,980,760. Form **990** (2019)

1,724,605. 33

	990 (2019) WILDERNESS SOCIETY ACTION FUND	82-	-1742996	Pa	_{ige} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,693		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,800		
3	Revenue less expenses. Subtract line 2 from line 1	3	-112		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,674	<u>4,8</u>	90.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,562	2,0	49.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit		
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
				000	

Form **990** (2019)

Schedule B

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

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. v/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

Department of the Treasury Internal Revenue Service	Go to www.irs.gov
Name of the organization	

	WILDERNESS SOCIETY ACTION FUND	82-1742996
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(4) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

501(c)(3) exempt private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Form 990-PF

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

82-1742996

WILDERNESS SOCIETY ACTION FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	N/A	\$ <u>350,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	<u>N/A</u>	\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$240,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 N/A	Total contributions \$100,000.	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	<u>N/A</u>	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	<u>N/A</u>	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

82-1742996

WILDERNESS SOCIETY ACTION FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	N/A	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_	<u>N/A</u>	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 N/A	Total contributions \$ 55,000.	Type of contribution Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	<u>N/A</u>	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

82-1742996

WILDERNESS SOCIETY ACTION FUND

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 N/A X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 14 N/A X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 N/A Person X Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 X N/A Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2019)
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Name of organization

Employer identification number

82-1742996

WILDERNESS SOCIETY ACTION FUND

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK	_	
10		_	
		\$24,106.	05/20/20
(a)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		_	
		-	
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	Bute received
		-	
		_	
		_ \$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of honcash property given	(See instructions.)	Date received
		_	
		_	
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		_	
		-	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		-	
		_	
		\$	

	RNESS SOCIETY ACTION FUN			82-1742996
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)			hat total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. on	
	Use duplicate copies of Part III if additional	space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
			[
		(e) Transfer of gif	t	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-		(e) Transfer of gif	 •	
	Transferee's name, address, a			nsferor to transferee
Ī				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gif	 t	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-				
		(e) Transfer of gif	t	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee

Employer identification number

Name of organization

Ī

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

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

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

Name of organization	Employer	
WILDERNESS SOCIETY ACTION FUND		2-1742996
Part I-A Complete if the organization is exempt under section 501(c) or is a section 5	27 organi	zation.
 Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political campaign activity expenditures Volunteer hours for political campaign activities 		131,500.
Part I-B Complete if the organization is exempt under section 501(c)(3).		
1 Enter the amount of any excise tax incurred by the organization under section 4955	▶\$	
2 Enter the amount of any excise tax incurred by organization managers under section 4955	▶\$	
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		Yes No
4a Was a correction made?		Yes No
b If "Yes," describe in Part IV.		
Part I-C Complete if the organization is exempt under section 501(c), except section	501(c)(3).	
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	► \$	35,000.
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527		
exempt function activities	►\$	
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,		
line 17b	►\$	35,000.
4 Did the filing organization file Form 1120-POL for this year?		X Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to	o which the f	filing organization

made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	
CHISPA AZ PAC	PHOENIX, AZ 85007	82-4798899	25,000.	0.	
HOUSE MAJORITY PAC	WASHINGTON, DC 20005	45-1672898	10,000.	0.	

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 W Part II-A Complete if the organ section 501(h)).					742996 Page 2 ection under
A Check I if the filing organization expenses, and share	of excess lobbying	e 1 (Part IV each affiliated	group member's name	e, address, EIN,
Limits	on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
 1a Total lobbying expenditures to influe b Total lobbying expenditures to influe c Total lobbying expenditures (add line 	nce a legislative boost state and 1b)	dy (direct lobbying)			
d Other exempt purpose expenditures e Total exempt purpose expenditures	add lines 1c and 1c				
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 amount is:Not over \$500,00020% of the amount on line 1e.Over \$500,000 but not over \$1,000,000\$100,000 plus 15% of the excess over \$500,000.Over \$1,000,000 but not over \$1,500,000\$175,000 plus 10% of the excess over \$1,000,000.Over \$1,500,000 but not over \$17,000,000\$225,000 plus 5% of the excess over \$1,500,000.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 organization file Form 4720 			ation file Form 4720		Yes No
reporting section 4911 tax for this ye	4-Year Av t made a section 5	eraging Period Under	have to complete all o		
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
e Grassroots nontaxable amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 WILDERNESS SOCIETY ACTION FUND

82-1742996 Page 3

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

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	o lobbying activity.	Yes	No	Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
j	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(5)	, or sec			
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		. 1	Х		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		Х	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th		3		Х	
	t III-B Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	'No" OR (b) Part I		3, is	
1	Dues, assessments and similar amounts from members		. 1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cai				
-	expenses for which the section 527(f) tax was paid).		0-			
	Current year		2a			
	Carryover from last year					
-	Total		2c			
3			. 3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and portion of the exceeds the amount of the exceeds the exceeds the amount of the exceeds the exceeds the amount of the exceeds the exceed	olitical				
_	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		. 5			
Par	- shhimmen and a shift of the s					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A,	lines 1 a	nd 2 (see		
instru	ictions); and Part II-B, line 1. Also, complete this part for any additional information.					

PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:

CHISPA AZ PAC

733 W. MCDOWELL RD. PHOENIX, AZ 85007

HOUSE MAJORITY PAC

700 13TH ST., NW STE 800 WASHINGTON, DC 20005

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





Department of the Treasury Internal Revenue Service Name of the organization

WILDERNESS SOCIETY ACTION FUND

Employer identification number 82-1742996

Par	rt I Organizations Maintaining Donor Advised Funds or Othe	er Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor ac	lvised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the asset	s held in donor advis	ed funds
	are the organization's property, subject to the organization's exclusive legal contra	ol?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that	t grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for	or any other purpose	conferring
	impermissible private benefit?		
Par	rt II Conservation Easements. Complete if the organization answered	"Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that app	oly).	
	Preservation of land for public use (for example, recreation or education)	Preservation of	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation cor	ntribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
	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 no		
	listed in the National Register		
3	Number of conservation easements modified, transferred, released, extinguished,	or terminated by the	organization during the 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, ins	pection, handling of	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations	s, and enforcing cons	servation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and	d enforcing conserva	tion easements during the year
•	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirer		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its r	-	
	balance sheet, and include, if applicable, the text of the footnote to the organization	on s inancial statem	ents that describes the
Par	organization's accounting for conservation easements. TIII Organizations Maintaining Collections of Art, Historical	Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	····, ···	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its	revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, educa		
	service, provide in Part XIII the text of the footnote to its financial statements that		
b	If the organization elected, as permitted under FASB ASC 958, to report in its rev		
	art, historical treasures, or other similar assets held for public exhibition, educatio		
	provide the 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		
	the following amounts required to be reported under FASB ASC 958 relating to the		• · ·
а	Revenue included on Form 990, Part VIII, line 1		• \$
b	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2019

		ESS SOCIET								Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or (Other S	Simila	⁻ Assets	continu	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following that n	nake sign	ificant ι	ise of its		
	collection items (check all that apply):									
а	Public exhibition	c	ו 🛄 נ	oan or exc	hange program	ו				
b	Scholarly research	e	. 🗌 🤆	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explair	n how the	ey further th	ne organization	's exemp	t purpos	se in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations of	of art, his	torical treas	sures, or other	similar as	sets			
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered "Y	es" on Fo	orm 990	, Part IV,	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia		•							
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	able:						
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
	Did the organization include an amount on Fo						?	∟	Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i									
		(a) Current year	(b) Pr	rior year	(c) Two years	back (d) Three y	ears back	(e) Four	years back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
-	End of year balance		<i></i>							
2	Provide the estimated percentage of the curr			, column (aj)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment									
с		%								
•	The percentages on lines 2a, 2b, and 2c show	•								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administered	d for the d	organiza	ation	5	
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
b	(ii) Related organizations								3a(ii)	
D	If "Yes" on line 3a(ii), are the related organiza								3b	
4 Par	t VI Land, Buildings, and Equipm		wment tu	inas.						
I UI				line 11e S	000 Form 000	Dart V lin	o 10			
	Complete if the organization answered							d		value
	Description of property	(a) Cost or c basis (investr		.,	t or other (other)	(c) Acc depre	umulate eciation	iu	(d) Book	value
1a	Land				. ,					
	Buildings									
	Leasehold improvements									
	Equipment									
	Other			3	6,859.		7,9	71.	28	,888.
	Add lines 1a through 1e. (Column (d) must e		X colum							,888.
		guari uni 330, i dil			<u></u>			<u> </u>		

Schedule D (Form 990) 2019

Dart VIII In	wastmante	Other Securities				Ĩ
Schedule D (Fo	rm 990) 2019	WILDERNESS	SOCIETY	ACTION	FUND	

Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (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, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line ⁻	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	. 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line ⁻	11e or 11f. See Form 990, Part X, line 25	5.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(6) (7)			
(7)			

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

... X

Sche	dule D (Form 990) 2019 WILDERNESS SOCIETY ACTI	ON FUND	82-1742996 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
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:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12,)	
Pa	t XII Reconciliation of Expenses per Audited Financial St	-	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	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:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1	8.)	
Pa	rt XIII Supplemental Information.		

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

PART X, LINE 2:

MANAGEMENT HAS CONCLUDED THAT THE SOCIETY HAS PROPERLY MAINTAINED ITS

EXEMPT STATUS AND THERE ARE NO UNCERTAIN TAX POSITIONS AS OF SEPTEMBER 30,

2020.

SCHEDULE I		G	arants and Oth	ner Assistan	ce to Organ	izations.			OMB No. 1545-0047
(Form 990)		Go	vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States			2019
Department of the Treasury		e ep.	-	Attach to Form	m 990.				Open to Public
Internal Revenue Service			Go to www.ir	rs.gov/Form990 fo	r the latest inform	nation.			Inspection
Name of the organization		S SOCIETY	ACTION FUN	D				Employer	identification number 82-1742996
Part I General Info	rmation on Grants ar								
	ard the grants or assis	tance?	amount of the grants oring the use of grant					on	X Yes No
			zations and Domestic			anization answered "V	as" on Form 990 Part	IV line 21	for any
		-	be duplicated if additi			anization answered i	es offronti 990, Fan	110, 1110 21,	IOF arry
1 (a) Name and addre or govern	ess of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		Purpose of grant or assistance
WESTERN ORGANIZATIO 220 SOUTH 27TH STRE BILLINGS, MT 59102		45-0356819	501(C)(4)	75,000.	0.			CONSERVA	TION PROJECTS
BIG SKY FIFTY FIVE : PO BOX 23011 BILLINGS, MT 59104	PLUS	82-4712803	501(C)(4)	70,000.	0.			CONSERVA	TION PROJECTS
MONTANA CONSERVATIO PO BOX 63 BILLINGS, MT 59103	N VOTERS INC.	81-0521030	501(C)(3)	50,000.	0.			CONSERVA	TION PROJECTS
MOUNTAIN MAMAS 321 EAST MAIN ST. S BOZEMAN, MT 59715	UITE 324	83-2772033	501(C)(3)	15,000.	0.			CONSERVA	TION PROJECTS
ALASKA WILDERNESS A 122 C. STREET NW SU WASHINGTON, DC 2000	ITE 240	30-0233489	501(C)(4)	10,000.	0.			CONSERVA	TION PROJECTS
BOUNDARY WATERS ACT 807 NE BROADWAY, ST MINNEAPOLIS, MN 554	E 16 13	83-0522287		10,000.	0.			CONSERVA	TION PROJECTS
2 Enter total number			•	e line 1 table				🕨	2
3 Enter total number	of other organizations							Schor	4 . Iule I (Form 990) (2019
	caacion Act NULCE,	see the moundful	013 101 1 0111 330.					Schet	ane i (i orini 330) (20 is

Schedule I (Form 990) (2019) WILDERNESS SOCIETY ACTION FUND

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Image: Complete if additional space is needed.
 (b) Number of recipients
 (c) Amount of roc cash assistance
 (b) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Image: Complete if additional space is needed.
 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Image: Complete if additional space is needed.
 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Image: Complete if additional space is needed.
 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

GRANT AND AWARDS TO OTHER ORGANIZATIONS ARE REQUESTED AND MONITORED BY

PROGRAM STAFF. THE PRIMARY CRITERION FOR AN AWARD IS THE RECEIVING

ORGANIZATION WILL USE THE FUNDS FOR ACTIVITIES WHICH SUPPORT THE SOCIETY'S

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

MISSION. A REQUEST IS SENT TO THE TWS FINANCE DEPARTMENT WITH THE

FOLLOWING INFORMATION: 1) AN OUTLINE OF THE PROPER USE OR RESTRICTIONS FOR

THE USE OF THE FUNDS BY THE RECEIVING ORGANIZATION; 2) A LIST OF THE

RECEIVING ORGANIZATIONS BOARD MEMBERSHIP; 3) ANY KNOWN OVERLAPPING BOARD OR

EMPLOYEE RELATIONSHIPS; 4) A STATEMENT FROM THE TWS STAFF MEMBER STATING

Part IV

PART I, LINE 2:

Page **2**

THAT THERE EXISTS NO CONFLICT OF INTEREST BETWEEN THE SOCIETY AND THE RECEIVING ORGANIZATION, BETWEEN THE EMPLOYEE OR THEIR FAMILY MEMBERS AND THE RECEIVING ORGANIZATION, OR ANY BOARD MEMBER; 5) A COPY OF THE RECEIVING ORGANIZATION'S ANNUAL BUDGET. REVIEWS ARE DONE BY FINANCE STAFF TO ENSURE THAT GRANTS ARE MADE IN COMPLIANCE WITH THE SOCIETY'S MISSION AND CONFLICT OF INTEREST POLICY. ONCE THE FUNDING IS APPROVED AND ISSUED, PROGRAM STAFF MONITOR THAT THE RECEIVING ORGANIZATION HAS USED THE FUNDS AS AGREED. ON ACCEPTANCE OF PROPOSAL, THE RECEIVING ORGANIZATION MUST SIGN A LETTER OF AGREEMENT, WHICH OUTLINES THE TERMS AND CONDITIONS FOR THE AWARD, RESTRICTIONS PLACED ON THE USE OF THE FUNDS, INCLUDING LOBBYING RESTRICTIONS, DUE DATES FOR INTERIM AND FINAL NARRATIVES, FINANICAL TANGIBLE SUCCESSES ACHIEVED WITH THE FUNDING, INCLUDING ANY REPORTS, AND UNEXPECTED CHALLENGES ENCOUNTERED DURNG THE GRANT PERIOD. THE NARRATIVE AND ACCOUNTING ARE REVIEWED BY TWS PROGRAM STAFF TO ENSURE PROPER USE AND ACCOMPLISHMENT OF GOALS. WHERE APPROPRIATE, A MORE DETAILED EXPLANATION FOR EXPENDITURE AND ACCOMPLISHMENTS MAY BE REQUESTED.

SC	HEDULE J	Compe	ensation Information	I	OMB No. 1	545-004	.7
(Fo	rm 990)	-	ectors, Trustees, Key Employees, and Highest	ľ	20	10	
			ompensated Employees on answered "Yes" on Form 990, Part IV, line 23.		<u> 20 </u>	19	
Depar	tment of the Treasury		Attach to Form 990.		Open to		c
Intern	al Revenue Service		m990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio				identificatio		nber
De		WILDERNESS SOCIE	TY ACTION FUND	82-1	174299	6	
Ра	rt I Question	s Regarding Compensation					
						Yes	No
1a			any of the following to or for a person listed on Form	990,			
			relevant information regarding these items.				
	First-class or o		Housing allowance or residence for perso				
	Travel for com	•	Payments for business use of personal re-				
		ation and gross-up payments	Health or social club dues or initiation fee				
	Discretionary	spending account	Personal services (such as maid, chauffel	ir, cnet)			
F	If any of the bayes	on line to are checked did the every	tion follow a written policy regarding payment or				
D	•	, c			16		
2			d above? If "No," complete Part III to explain		1b		
2	-		sing or allowing expenses incurred by all directors, r, regarding the items checked on line 1a?		2	-	
	trustees, and onice	rs, including the CEO/Executive Director					
3	Indicate which if a	ay, of the following the organization used	d to establish the compensation of the organization's				
•			any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but	, , , , , , , , , , , , , , , , , , , ,	51110			
	Compensation	,	Written employment contract				
	•	compensation consultant	Compensation survey or study				
	-	ther organizations	Approval by the board or compensation c	ommittee			
		5					
4	During the year, did	any person listed on Form 990, Part VI	, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:					
а	Receive a severand	e payment or change-of-control paymen	t?		4a		X
b	Participate in, or re	ceive payment from, a supplemental nor	nqualified retirement plan?		4b		X
с	Participate in, or re	ceive payment from, an equity-based co	mpensation arrangement?		4c		X
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the	e applicable amounts for each item in Part III.				
	.						
-		(3), 501(c)(4), and 501(c)(29) organiza		-			
5			did the organization pay or accrue any compensatio	11			
-	contingent on the r				5a		Х
a h		ation2			5a 5b		X
U		or 5b, describe in Part III.			50		
6			did the organization pay or accrue any compensatio	'n			
5	contingent on the r		and the organization pay or aborde any compensation	••			
а					6a		Х
h	Any related organiz	ation?			6b		X
~		or 6b, describe in Part III.					
7			did the organization provide any nonfixed payments				
-					7		Х
8			accrued pursuant to a contract that was subject to th				
-	-				8		Х
9			table presumption procedure described in				
-		0					

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

Schedule J (Form 990) 2019

82-1742996

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denems	(B)(i)-(D)	reported as deferred on prior Form 990
(1) JAMIE WILLIAMS	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT	(ii)	377,239.	0.	0.	16,800.	6,682.	400,721.	0.
(2) DEBORAH LIU	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT & GENERAL COUNCIL	(ii)	201,736.	0.	0.	12,104.	15,059.	228,899.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

WILDERNESS SOCIETY ACTION FUND Schedule J (Form 990) 2019

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



WILDERNESS SOCIETY ACTION FUND

Employer identification number 82 - 1742996

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

THE WILDERNESS SOCIETY ACTION FUND WORKS WITH PARTNERS AND LAWMAKERS TO

INFLUENCE POLICY RELATED TO PUBLIC LANDS. THIS INCLUDES PUBLIC LANDS'

ROLE AS PART OF THE CLIMATE SOLUTION, THEIR IMPORTANCE IN ADDRESSING

THE EXTINCTION CRISIS AND THE IMPORTANCE OF ALL PEOPLE BEING TO ENJOY

THEIR BENEFITS.

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

BEING TO ENJOY THEIR BENEFITS.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION MODIFIED ITS BYLAWS DURING JANUARY 2020 TO INCLUDE

APPROVED MEMBERSHIP DEFINITIONS FOR CLASS I AND CLASS II MEMBERS.

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

AFTER FORM 990 HAS BEEN PREPARED, IT IS EXAMINED BY THE WILDERNESS SOCIETY

VICE PRESIDENT OF FINANCE FOR ACCURACY AND COMPLETENESS. THE DOCUMENT IS

THEN PRESENTED TO AND REVIEWED BY THE PRESIDENT AND PROVIDED TO THE

GOVERNING COUNCIL FOR A FURTHER REVIEW BEFORE IT IS FILED.

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

WSAF HAS A WRITTEN CONFLICT OF INTEREST POLICY. IT IS REVIEWED ANNUALLY. ALL STAFF, INCLUDING OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES, MUST CERTIFY ANUALLY THAT THEY HAVE READ AND FAMILIARIZED THEMSELVES WITH THE POLICY, AND DISCLOSE ANY POTENTIAL CONFLICTS. STAFF DISCLOSE WHETHER THEY SERVE AS BOARD MEMBERS OR OFFICERS OF ANY OTHER ORGANIZATION WHOSE MISSION LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page Employer identification number
WILDERNESS SOCIETY ACTION FUND	82-1742996
AND ACTIVITIES MAY OVERLAP WITH THOSE OF TWS. FURTHER, AI	L OFFICERS,
DIRECTORS, TRUSTEES AND KEY EMPLOYEES DISCLOSE ANY RELATE	ED ORGANIZATION
RELATIONSHIPS. COMPLETED FORMS ARE REVIEWED AND ANY POTEN	TIAL CONFLICTS ARE
DISCUSSED ADN ADDRESSED AS APPROPRIATE TO ENFORCE COMPLIA	NCE WITH THE
POLICY. ALL STAFF INCLUDING OFFICERS, DIRECTORS, TRUSTEES	S, AND KEY
EMPLOYEES, NOTIFY THE ORGANIZATION IF CIRCUMSTANCES CHANG	GE THROUGH THE
COURSE OF THE FISCAL YEAR AND THE CHANGED CIRCUMSTANCES A	ARE DISCUSSED AND
ADDRESSED AS APPROPRIATE TO REMAIN IN COMPLIANCE WITH THE	E POLICY.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AND FORM	990 AVAILABLE TO
THE PUBLIC UPON REQUEST. FORM 1023 AND THE CONFLICT OF IN	TEREST POLICY ARE
AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
LEGISLATIVE ADVOCACY:	
PROGRAM SERVICE EXPENSES	820,105.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	820,105.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	820,105.

SCH	ED	U	LE	R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

82-1742996

Department of the Treasury Internal Revenue Service Name of the organization

WILDERNESS SOCIETY ACTION FUND

Part I

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
THE WILDERNESS SOCIETY - 53-0167933							
1615 M STREET, N.W.							
WASHINGTON, DC 20036	CONSERVATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	N/A		Х
	-						

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 WILDERNESS SOCIETY ACTION FUND

82-1742996 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	(related, excluded fr	ant income unrelated.	Share c	or total	Share of	Disprop	ortionate		I G	eneral or	
				om tax under l	inco	me	end-of-year assets	alloca	ations?	amount in be 20 of Schedu	amount in box 20 of Schedule		Percentage ownership
			sections	512-514)				Yes	No	K-1 (Form 10	65) Y	'es No	
	_												
panizations Taxable poration or trust duri	as a Corpo	ration or Trust. C rear.	omplete if th	ne organizati	ion answe	ered "Yes"	on Form 990,	Part IV,	line 34	l, because it ha	ad one	e or mo	ore related
		(b)	(c)	(d)		(e)		(f)		(g)	(h)	(i) Section
N n	Prim	ary activity	(state or foreign			(C corp, S	corp, ind		I Share of end-of-year				Section 512(b)(13) controlled entity?
	poration or trust duri	poration or trust during the tax y N Prim	poration or trust during the tax year. (b) N Primary activity	Image: poration or trust during the tax year. (b) (c) N Primary activity Legal domicile (state or	Image: portation or trust during the tax year. (b) (c) (d) N Primary activity Legal domicile (state or foreign Direct cominity entity	Image: portation or trust during the tax year. (b) (c) (d) N Primary activity Legal domicile (state or foreign Direct controlling entity	Image: position or trust during the tax year. (b) (c) (d) (e) N Primary activity Legal domicile (state or foreign Direct controlling entity Type of el (C corp, S or trust)	Image: constraint operation or trust during the tax year. (b) (c) (d) (e) N Primary activity Legal domicile (state or foreign Direct controlling entity Type of entity (C corp, S corp, or trust)	Image: portation or trust during the tax year. (b) (c) (d) (e) (f) N Primary activity Legal domicile (state or foreign Direct controlling entity Type of entity (C corp, S corp, or trust) Share of total income	Image: portation or trust during the tax year. (b) (c) (d) (e) (f) N Primary activity Legal domicile (state or foreign Direct controlling entity Type of entity (C corp, S corp, or trust) Share of total income	(b) (c) (d) (e) (f) (g) N Primary activity Legal domicile (state or foreign Direct controlling entity Type of entity (C corp, S corp, or rust) Share of total income Share of end-of-year assets	Image: portation or trust during the tax year. (b) (c) (d) (e) (f) (g) (c) N Primary activity Legal domicile (state or foreign Direct controlling entity Type of entity (C corp, S corp, or trust) Share of total income Share of end-of-year Perce own	(b) (c) (d) (e) (f) (g) (h) N Primary activity Legal domicile (state or foreign Direct controlling entity Type of entity (C corp, S corp, or rust) Share of total income Share of end-of-year assets Percentage ownership

		,,,			Yes	NO
	-					
]					
						1

Schedule R (Form 990) 2019 WILDERNESS SOCIETY ACTION FUND

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X X	
	b Gift, grant, or capital contribution to related organization(s)				
с	Gift, grant, or capital contribution from related organization(s)	1c	Х		
	Loans or loan guarantees to or for related organization(s)	1d		X	
e Loans or loan guarantees by related organization(s)					
f	Dividends from related organization(s)	1f		X	
g	Sale of assets to related organization(s)	1g		X	
	Purchase of assets from related organization(s)	1h		X	
i	Exchange of assets with related organization(s)	1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X	
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х		
	Sharing of paid employees with related organization(s)	10	Х		
р	Reimbursement paid to related organization(s) for expenses	1p	Х		
q	Reimbursement paid by related organization(s) for expenses	1q		Х	
r	Other transfer of cash or property to related organization(s)	1r		Х	
s	Other transfer of cash or property from related organization(s)	1s		Х	
2	If the answer to any of the above is "Yes." see the instructions for information on who must complete this line. including covered relationships and transaction thresholds.				

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
_(6)				

Schedule R (Form 990) 2019 WILDERNESS SOCIETY ACTION FUND

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	5 5			1	—							
(a)	(b)	(c)	(d)	(e) Are al		(f)	(g)		ר)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	sec.	Share of	Share of	Dispr tior alloca	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage
of entity		(state or foreign	(related, unrelated,	partners 501(c)(orgs.?	(3) ?	total	end-of-year	alloca	tions?	amount in box 20	partner	ownership
		country)	sections 512-514)	Yes N		income	assets	Yes	No	(Form 1065)	Yes No	7
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	-											
					+							
	-											
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Schedule R (Form 990) 2019

Part VII | Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.