

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

	OI LIN	2014 calendar year, or tax year beginning 04/01, 2014, and end	ıng		31, 20 15
8 ~	eck if app	C Name of organization		D Employer Identification	on number
		WISS ACTION FUND INC.		20-8948868	
$oxed{oxed}$	Address change	Doing pusiness as			
	Name	Number and street (or P O box if mail is not delivered to street address) Room/suite	•	E Telephone number	
	Initial r	turn 1601 CONNECTICUT AVENUE, NW 800		() –	
	Final re termina				
	Amend- return	washington, DC 20009		G Gross receipts \$	200,00
	Applica	F Name and address of principal officer: MOLLY MCUSIC		H(a) is this a group return subordinates?	for Yes X
		1601 CONNECTICUT AVENUE, NW WASHINGTON, DC 20009		H(b) Are all subordinates inclu	ded? Yes
T	Tax-exe	npt status 501(c)(3) X 501(c) (4) ◄ (insert no) 4947(a)(1) or	527	if "No," attach a list (see instructions)
J V	Vebsite	▶ N/A		H(c) Group exemption num	nber ►
К Б	orm of	organization X Corporation Trust Association Other ▶ L Year	of format	tion 2007 M State of	legal domicile
Pa	rt I	Summary			
Governance		Briefly describe the organization's mission or most significant activities THE ORGANIZA PROMOTE PRO-CONSERVATION POLICIES.	TION	PRIMARY MISSIC	ON IS TO
E	_				
١ĕ		Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more			
		lumber of voting members of the governing body (Part VI, line 1a)			
8		lumber of independent voting members of the governing body (Part VI, line 1b)			
Activities &		otal number of individuals employed in calendar year 2014 (Part V, line 2a)			
盲	6	otal number of volunteers (estimate if necessary)		6	
^		otal unrelated business revenue from Part VIII, column (C), line 12			
\dashv	ЬI	let unrelated business taxable income from Form 990-T, line 34	. ,		
		DECENTED		Prior Year	Current Year
e l		Contributions and grants (Part VIII, line 1h) RECEIVED		0	200,00
Revenue	9 1	Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0	
اچ	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d) ILIN (() 2015		0	
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d, 40c, and 11e)		0	<u>.</u>
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0	200,00
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3〇〇リミル, リー	. L	235,000.	730,00
- 1	14	Benefits paid to or for members (Part IX, column (A), line 4)	. L	0	
တ္တ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		20,749.	29,61
JS	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0	
Expenses		otal fundraising expenses (Part IX, column (D), line 25) ▶ 0			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		18,073.	11,73
- 1		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		273,822.	771,34
		Revenue less expenses Subtract line 18 from line 12	-	-273,822.	-571,34
<u> </u>				nning of Current Year	End of Year
and	20	otal assets (Part X, line 16)		615,610.	44,26
32 S		otal liabilities (Part X, line 26)	•	0	
ᇎ		Net assets or fund balances Subtract line 21 from line 20,	:	615,610.	44,26
Pai	_	Signature Block	•		
Und	er nen	afties of periury. I declare that I have examined this return, including accompanying schedules and sta	tements,	and to the best of my kn	owledge and belief,
true,	, correc	t, and complete Declaration of preparer (other than officer) is based on all information of which preparer	has any k	nowledge	
		Lolph Stoken		5/22/2	O15
Sigı		Signature of officer	-	Date	<u>-</u>
Her	e	JOSEPH FISHER SECRETARY			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature Date		Check if PT	IN
Paid				self-employed	
raiu	oarer	Firm's name		Firm's EIN	-
Prep		THE TRANSPORT OF THE TR		T	
Prep	Only	Euro's address	-	Phone no	
Prep Use		Firm's address S discuss this return with the preparer shown above? (see instructions)		Phone no	Yes X

_	n 990 (2014) Page
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	ATTACHMENT 1
_	Did the consequence and other consequences are sent as a
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
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X
	services? Yes X N 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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported
4a	(Code 900099) (Expenses 41,345 including grants of \$730,000) (Revenue \$200,000) PURSUE PRO-CONSERVATION POLICIES.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
<u></u>	Other program services (Describe in Schedule O)
÷u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 41,345.

	90 (2014)		F	Page 3
Part	Checklist of Required Schedules		· ·	
	In the account of december 2 and 1 and 2 a		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			х
2	complete Schedule A	1 2	X	^
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	 		
,	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			-11
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>	\vdash	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>	<u> </u>	
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	į		
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		\vdash	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	- मस्ट	\$ 1.W	
	VII, VIII, IX, or X as applicable	ري سو د م	***	şa" ji " u
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	İ	ļ	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	├ —	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		1	۱
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			١
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on]	1	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	 	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1		,.
	If "Yes," complete Schedule G, Part III	19	 	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	+	Х
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	L

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
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 19 If "Yes," complete Schedule I, Parts I and II	21	X	L
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		Χ_
24 a	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			ŀ
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity 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)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			,,,
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			.,
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			, .
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			x
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1		x
	complete Schedule N, Part II	32		\ ^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		^
34	or IV, and Part V, line 1	34		x
25-	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35 a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	130		
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		\vdash	† <u></u>
50	19? Note. All Form 990 filers are required to complete Schedule O	1		x
	10 Note: 7 th 1 only one mers are required to complete defined to the control of		000	(0044)

ran				
	Check if Schedule O contains a response or note to any line in this Part V	• • •		لمساخ
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			1
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			-
	reportable gaming (gambling) winnings to prize winners?	1c		
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 2			
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 e-file (see instructions)		-	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			T -
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		_x
h	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
А	If "Yes," indicate the number of Forms 8282 filed during the year	10		<u> </u>
		70		x
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<u> </u>	~
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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		ł	x
_	sponsoring organization have excess business holdings at any time during the year?	8	-	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	_ '		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		 ^
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	ł		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
	Section 501(c)(12) organizations. Enter			1
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	ļ		_
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]	{		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L	<u> </u>	1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note. See the instructions for additional information the organization must report on Schedule O			1
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans]		
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.S.	See in	struci	ions
	Check if Schedule O contains a response or note to any line in this Part VI		• • •	X
Sect	ion A. Governing Body and Management			
	ا م		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year · · · · · <u>1a</u> <u>4</u>			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent Lib 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	,	Х	
	any other officer, director, trustee, or key employee?			_
3	Did the organization delegate control over management duties customarily performed by or under the direct	,		х
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		<u>x</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		Х
	one or more members of the governing body?	1 a_		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		х
	stockholders, or persons other than the governing body?	70		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following	8a	Х	
a	The governing body?	8b	X	
D	Each committee with authority to act on behalf of the governing body?	UD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue)	
0000	on b. 1 dides (17110 describe broquesto información about pondios not required by the informar revenue	004	Yes	No
100	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,			
U	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11 2	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			_
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		•	
	rise to conflicts?	12b	Х	
c	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		
	Other officers or key employees of the organization	15b		
	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
h	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		
Sect	ion C. Disclosure		<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section		c)(3)s	only)
10	available for public inspection. Indicate how you made these available. Check all that apply	301(0)(0)3	, Oili y ,
	Own website Another's website X Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	arest	nolic	אחב ע
19		#1 # \$(POIIC	, anu
20	financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and record	e L		
20	MOLLY MCUSIC 1601 CONNECTICUT AVENUE, NW - SUITE 802 WASHINGTON, DC		0.9	
JSA				(2014)

	ı.	
orm 9	90 (2014)	

			_
Þ	an	6	_/

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	and								
	Indèpendent Contractors									
_	Check if Schedule O contains a response or note to any line in this Part VII									

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

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

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

(A) Name and Title	(B) Average hours per week (list any	box, office	unles	s pe	ition more rson	than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
MOLLY MCUSIC PRESIDENT				х				0	0	
(2)JOSEPH_FISHER SECRETARY				х				0	0	
(3)PATRICIA DAVIS TREASURER				х				0	0	
_ (4)										
(5)	i 									
(6)										
_(7)										
(9)										
(10)										
(11)										
(12)										
(13)								-		
(14)										

Part VII . Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and I	Hig	hest Compensat	ed Employe	es (co	ontinue	d)	Page 0
(A) Name and title	(B) Average hours per week (list any hours for	(B) (C) Average Position (do not check more than or box, unless person is both officer and a director/frust						(D) Reportable compensation from the	(E) Reportable compensation fro related organizations		from amount other		of ation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M		orga and	om the anizat I relate inizati	ion ed
						l							
	-												
1b Sub-total	ection A ,						* * *	0 0	`	0			0
2 Total number of individuals (including but not reportable compensation from the organization	limited to t	hose					o re	ceived more than	\$100,000 of				
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	or, or ch ind	tru Ivid	uste ual	е,	key e	emp	oloyee, or highes	t compensat	ed .	3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	eater than	\$15	0,0	007	· 11	"Yes	s, "	complete Schedu	le J for su	ch	4		x
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	satı	on	fron	n any	un	related organizati	on or individu	ıal	5		_ x
Section B. Independent Contractors						-				-			
Complete this table for your five highest com- compensation from the organization. Report of year.	pensated i compensati	ndepe on for	ende the	ent e ca	con	tracto dar ye	ear e	hat received more ending with or with	than \$100,0 hin the organ	000 of	f n's tax		
(A) Name and business add	iress							(B) Description of se	ervices	C	(C) ompens	sation	1
							\pm						
							\pm						
2 Total number of independent contractors (iii more than \$100.000 in compensation from the							se I	isted above) who	received				

Part \	VIII	Statement of Revenue Check if Schedule O contains a respons					
	•	Check if Schedule O contains a respons					
		Sheak ii Genedale G contains a respons	e or note to an	y line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tau under sections 512-514
Contributions, Gifts, Grai and Other Similar Amou	c d e f	Federated campaigns		200,000			
Program Service Revenue		All other program service revenue Total. Add lines 2a-2f		- 0			
	3 4 5 6a b	Investment income (including dividend and other similar amounts)	s, interest,	0			
	7a b	Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(II) Other	0			
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a Less direct expenses b Net income or (loss) from fundraising events	▶	0			
	b	Gross income from gaming activities See Part IV, line 19					
11	0a	Net income or (loss) from gaming activities. Gross sales of inventory, less returns and allowances		0			
	b c	Less cost of goods sold	▶ Business Code	0			-
1	1a b						
	د ب	All other revenue					+

200,000

e Total. Add lines 11a-11d · · · ·
Total revenue. See instructions

Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4	organizations must complete all co	lumns All other organizations must complete column (A)
-------------------------------	------------------------------------	--

	Check if Schedule O contains a resp	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	730,000.	730,000.		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
4	Individuals See Part IV, lines 15 and 16	. 9			-
	Compensation of current officers, directors,	, , , , , , , , , , , , , , , , , , ,		_	
Ū	trustees, and key employees	o	·		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0	20 (15		
	Other salaries and wages	29,615.	29,615.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits	0			
10	Payroll taxes	0			
	Fees for services (non-employees)				
а	Management	0		·	
	Legal	0			
	Accounting	0			
	Lobbying	0			
	Professional fundraising services See Part IV, line 17. Investment management fees	0			
	Other (If line 11g amount exceeds 10% of line 25, column				
-	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	0			
	Information technology	0			
	Royalties	0		- · - ·	
	Occupancy	0			
	Travel				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20		0			
21	Payments to affiliates	0			
22	, , , ,	O O			
23	Insurance	9			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
a	OTHER EXPENSES	11,730.	11,730.		
t)			_	
•					ļ
C					
	All other expenses Add lines 1 through 24s	771,345.	771,345.	<u> </u>	
	Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the	,,,,,,,,,,	,,,,,,,,,,,		-
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here If following SOP 98-2 (ASC 958-720)	٥			
	10.00ming 001 00-2 (A00 000-120)			l	<u> </u>

Form 990 (2014)

Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	rt X	·	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	615,610.	1	44,265.
2	Savings and temporary cash investments	d	2	(
3	Pledges and grants receivable, net	d	3	(
4	Accounts receivable, net	d	4	(
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees			
	Complete Part II of Schedule L	q	5	(
6	Loans and other receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
_φ	organizations (see instructions) Complete Part II of Schedule L	q	6	(
Assets 8	Notes and loans receivable, net	q	7	(
8 A	Inventories for sale or use	q	8	(
9	Prepaid expenses and deferred charges	q	9	(
10:	a Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D 10a			
	Less accumulated depreciation	q	10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	(
14	Intangible assets		14	(
15	Other assets See Part IV, line 11		15	(
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	44,265.
17	Accounts payable and accrued expenses		17	(
18	Grants payable		18	(
19	Deferred revenue	<u> </u>	19	(
20	Tax-exempt bond liabilities	<u> </u>	20	
Liabilities 22	Escrow or custodial account liability Complete Part IV of Schedule D	·	21	
<u>≅</u> 22	Loans and other payables to current and former officers, directors,			
릴	trustees, key employees, highest compensated employees, and	٦	22	(
1,,	disqualified persons Complete Part II of Schedule L	7	22	(
23	Unsecured notes and loans payable to unrelated third parties	9	24	
25	Other liabilities (including federal income tax, payables to related third			<u> </u>
23	parties, and other liabilities not included on lines 17-24) Complete Part X		ļ	
		d	25	(
26	of Schedule D	đ	26	(
	Organizations that follow SFAS 117 (ASC 958), check here	7		
န္မ	complete lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets		27	
jg 28	Temporarily restricted net assets		28	
E 29	Permanently restricted net assets		29	
or Fund Balances 65 85 67 68	Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
ع 30 ع	Capital stock or trust principal, or current funds	615,610.	30	44,265.
g 31	Paid-in or capital surplus, or land, building, or equipment fund	d	31	(
₹ 32	Retained earnings, endowment, accumulated income, or other funds	 d	32	(
Net Assets 33 33	Total net assets or fund balances	615,610.	33	44,265.
34	Total liabilities and net assets/fund balances	615,610.	34	44,265.
				Form 990 (2014

orm 99	90 (2014)				Pa	ge 12
Part						
	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				000.
2	Total expenses (must equal Part IX, column (A), line 25)	2		7	71,3	345.
3	Revenue less expenses Subtract line 2 from line 1	3		-5	71,3	345.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6	15,6	510.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6		-		0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			44,2	265.
Part						_
	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 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın	ın			
_	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					<u></u>
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ed or	n a			
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of			20		
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	in			
2 -	Schedule O			ŀ		
зa	As a result of a federal award, was the organization required to undergo an audit or audits as se	rorth	ın	3a		
L	the Single Audit Act and OMB Circular A-133?		 4ha	Ja		
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		ше	3h		

SCHEDULEI (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

1545-0047	717
OMB No	96

Open to Public

Employer identification number 20-8948868

www.irs.gov/form990.	
뉽	
<u>.s</u>	
instructions	
Š	
Ξ	İ
anc	
066	
(Form	
_	
Scheduk	
about	
rmation	
Infor	
▲	

		z	
Part I General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	the selection criteria used to award the grants or assistance?	Describe in Part IV the organization's procedure
Д	-		7

General Information on Grants and Assistance

WYSS ACTION FUND INC.

Department of the Treasury Internal Revenue Service Name of the organization Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

1 (a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
(1) NEW VENTURE FUND							
1201 CONNECTICUT AVENUE, NW - SUITE 300	20-5806345	501 (C) (3)	350,000				PRO-CONSERVATION PRO
(2) SIERRA CLUB							
85 SECOND STREET SAN FRANCISCO, CA 94105	94-1153307	501(C)(4)	50,000				PRO-CONSERVATION PRO
(3) SIXTEEN THIRTY FUND	·- r						
734 15TH STREET, NW WASHINGTON, DC 20005	26-4486735	501(C)(4)	300,000				PRO-CONSERVATION PRO
(4) THE CONSERVATION FUND							
1655 N FORT MYER DRIVE ARLINGTON, VA 22209	52-1388917	501(C)(3)	30,000				PRO-CONSERVATION PRO
(5)							
(9)							
(7)							
(8)							
	ī						
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and governme	d governmen	organizations l	ent organizations listed in the line 1 table	uble		•	
3 Enter total number of other organizations listed in the	sted in the lir	e 1 table	line 1 table	•		•	

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

Schedule I (Form 990) (2014)

4E1288 1 000

Schedule I (Form 990) (2014)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2						
က						
4						
2						
ဖ						
7						
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	is part to prov	nde the informat	ion required in	Part I, line 2, Part III, (column (b), and any other additional

SCHEDULE Q (Form \$90 or 990-EZ)

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.

20**14**Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
WYSS ACTION FUND INC.

Employer identification number 20-8948868

CONF

EACH DIRECTOR IS REQUIRED TO COMPLETE THE ATTACHED "CONFLICT OF INTEREST POLICY" ANNUALY.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE CORPORATION IS ORGANIZED AND OPERATED EXCLUSIVELY FOR SOCIAL WELFARE PURPOSES WITHIN THE MEANING OF SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE. PRIMARILY PRO-CONSERVATION POLICIES AT THE FEDERAL LEVEL THROUGH MEETINGS WITH POLICY MAKERS AND OTHER CONSERVATION MINDED GROUPS.

WYSS ACTION FUND, INC.

Conflict of Interest Policy

Wyss Action Fund, Inc. (the "Corporation") is a Delaware nonprofit, non-stock corporation described in section 501(c)(4) of the Internal Revenue Code and is therefore subject to the Internal Revenue Code provisions applicable to social welfare organizations. Directors and officers of the Corporation also have legal obligations to exercise prudence and undivided loyalty to the Corporation in managing the Corporation's affairs. To the extent required by their particular responsibilities, all board members, officers, staff members, and other agents of the Corporation should be familiar with the specific provisions of the law applicable to the Corporation and its employees and agents. In order to help ensure that all directors, officers, and staff conduct themselves in accordance with the highest fiduciary standards, the Board of Directors of the Corporation has adopted this Policy.

Section 1. Statement of purpose. From time to time, in the life of every organization, conflicts of interest or the appearance of such conflicts arise in the organization's decision making process. It is imperative that the Corporation be exemplary in its handling of such situations. In adopting this Policy, the Board of Directors is mindful that the appearance that a decision of the Corporation has been improperly influenced by an individual with a conflict of interest can compromise the Corporation's ability to achieve its mission even if in fact there is no improper influence. For this reason, officers, directors, employees, and other agents of the Corporation must strive to avoid even the appearance of impropriety.

Section 2. Conflicts of interest covered by this policy. This policy applies to all situations in which a director, officer, employee, or other agent of the Corporation: (1) is in a position to make, or exercise substantial influence over, a significant decision of the Corporation, and (2) has a material private interest (financial or otherwise) that could cause, or reasonably be perceived as causing, the individual to exercise his or her authority or influence in a manner not solely motivated by the best interests of the Corporation.

For purposes of this policy, a material private interest may arise in a transaction between the Corporation and: (1) a director, officer, employee, or other agent of the Corporation; (2) a family member, domestic partner, or business partner of such director, officer, employee or other agent of the Corporation; or (3) an organization in which any of the individuals listed above have a significant financial or non-financial interest.

<u>Section 3. Disclosure of all conflicts and potential conflicts.</u> Directors, officers, employees, and other agents of the Corporation have an obligation to promptly disclose to the President all conflicts covered by this policy or situations that might reasonably be thought to present conflicts covered by this policy.

To encourage continuing compliance with this disclosure obligation, every director and officer shall file an annual statement with the President listing the following affiliations that involve or could reasonably be expected to involve a conflict of interest, as defined above, covered by this policy: (1) employers, (2) board memberships, (3) significant financial interests of the individual or the individual's extended family, and (4) other significant personal involvements. Although only directors and officers are required to submit annual statements, all Corporation employees and agents shall promptly disclose any conflicts covered by this policy to the President of the Corporation.

If the Corporation learns of facts suggesting a conflict of interest that has not been disclosed, it shall seek clarification from the individual with a putative conflict of interest. The disinterested members of the Board of Directors have final authority to determine whether a conflict of interest actually exists.

Section 4. Recusal required when a conflict of interest exists. No director, officer, employee, or other agent of the Corporation may take part in any decision by the Corporation in which such person has a material private interest or that would directly or indirectly benefit such person or any family member, domestic partner, business partner, or organization with which any of the foregoing has a formal relationship. Such director, officer, employee, or other agent may participate in discussions regarding the matter to be decided, but shall not be present when the decision is made.

Section 5. Procedure for approving transactions presenting a conflict of interest. In the case of any prospective transaction involving a conflict of interest of a director or other person with substantial influence over the Corporation's operations as a whole, the transaction must be approved by the Board of Directors or a duly authorized committee thereof (not including any directors required to recuse themselves pursuant to Section 4 of this Policy). In other cases, the Board may delegate authority to approve the transaction to others.

The body approving a transaction shall make a reasonable investigation of alternative transactions not involving any conflict of interest and of the fair market value of the benefits the Corporation would obtain through the transaction. It shall not approve the transaction unless, based on any facts or data obtained in its investigation, it determines that (1) there are no reasonably available alternatives to the transaction providing more favorable terms to the Corporation; (2) the transaction is entirely fair to the Corporation, and the Corporation will not provide more than fair market value in return for the benefits it receives through the transaction; and (3) taking into account all relevant factors, including any potential appearance' of impropriety, the transaction is in the best interest of the Corporation.

<u>Section 6. Recordkeeping.</u> With respect to any Board discussion, decision or action involving matters covered by this Policy, the minutes of the Board meeting at which such discussion, decision or action takes place shall reflect in detail the Board deliberations and the voting process. In addition, copies shall be kept of any market data or information considered by the Board in approving or disapproving a proposed transaction. Similar records shall be kept of any discussion, decision or action involving matters covered by this Policy by a body other than the Board.

<u>Section 7. Distribution of this policy</u>. A copy of this Policy and Disclosure Statement shall be furnished annually to all directors, officers, employees, and other agents of the Corporation, and shall be furnished to all new directors, officers, employees, or other agents at that time they begin service to the Corporation.

ANNUAL DISCLOSURE STATEMENT

I have carefully read the Conflict of Interest Policy, and in signing this Disclosure Statement, I have considered not only the literal expression of the policy, but its intent. Except as hereinafter stated, I do not, to the best of my knowledge, have a conflict of interest that may be seen as competing with the interests or concerns of Wyss Action Fund, Inc., nor does any member of my extended family, or any organization to which my extended family or I have an allegiance, have such a competing concern.

If any situation should arise in the future that may create a conflict of interest, I will promptly

and fully disclose the circumstances to the President. Name: _____ Signature: Date:____ In the space below, please list all organizations in which you or a family member hold a position as trustee, director, general manager, or principal officer, or in which you or a family member have a financial interest, if those organizations engage in business transactions with the Corporation or if you anticipate that they will do such business in the coming year. Enter "N/A" if you have no organizations to report. Name of Organization Nature of Your Interest in the Organization I certify that the above information is correct to the best of my knowledge.

Date:_____