Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

493006012

Department of the Treasury Internal Revenue Service 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. ()

Information about Form 990 and its instructions is at www.irs.gov/form990. 20 16 For the 2016 calendar year, or tax year beginning 2016, and ending January 1 December 31 D Employer identification number Check if applicable C Name of organization National Wilderness Stewardship Alliance Address change Doing business as National Wilderness Stewardship Alliance 30-0656123 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return PO Box 5293 7753247667 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Reno, NV 89513 G Gross receipts \$ Amended return / F Name and address of principal officer Application pending Bill Hodge H(a) Is this a group return for subordinates? Yes No PO Box 5293, Reno, NV 89513 H(b) Are all subordinates included? Tes No If "No," attach a list (see instructions) 501(c)(3)) ◀ (insert no) ☐ 4947(a)(1) or Tax-exempt status: Website: ▶ wildernessalliance.org H(c) Group exemption number ▶ Form of organization: Corporation Trust Association ☐ Other ▶ L Year of formation: 2010 M State of legal domicile. CO Summary Part I Briefly describe the organization's mission or most significant activities: The National Wilderness Stewardship Alliance is committed to providing educationa; resources, networking opportunies, and funding for volunteers and stewards of the Activities & Governance National Wilderness Preservation System. Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). Number of independent voting members of the governing body (Part VI, line 1b 7 0 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . . . 6 10 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h). 48,293 8 246,020 9 Program service revenue (Part VIII, line 2g) 3,204 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 Ð Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 48,293 249,224 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 20,157 215,997 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 144 24e) 17 14,641 25,551 18 Total expenses. Add lines 13-17 (must equal Part IX 45,708 230,638 19 Revenue less expenses. Subtract line 18 from line 1 2,585 15,382 eginning of Current Year 20 Total assets (Part X, line 16) 51,932 59,347 21 Total liabilities (Part X, line 26) . 34,500 11,686 £.5 22 Net assets or fund balances Subtract line 21 from line 20 24,847 40,246 Part II Signature Block Under penalties of perjury, I declare that I have examined this retern, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparet other than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check [] If Paid self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🗌 No

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For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y Form **990** (2016)

	0 (2016) Page 2
Part I	-
	Check if Schedule O contains a response or note to any line in this Part III
•	The National Wilderness Stewardship Alliance is committed to seeing each unit in the National Wilderness Preservation
	System adopted by an organization committed to the stewardship and management of their Wilderness area in partnership
	with the local and national land management agency.
	9
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
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: 100) (Expenses \$ 5,018 including grants of \$ 0) (Revenue \$ 3,204)
Tu	Annual Wilderness Workshop
	The NWSA co-hosts the annual Wilderness Workshop, a national gathering of conservationists, volunteers, stewardship groups,
	land management agencies, and outdoor retailers that allows the Wilderness Stewardship Community a chance to share
	ideas, learn from experts and one another, and work towards solutions on issues that affect Wilderness stewardship. Sessions
	include: Wilderness Character Monitoring, Visitor/User Impact on Wilderness and Public Lands, Communicating the Public Lands
	Story, Grantwriting and Finding Funding, Developing Healthy Partnerships, and more.
4b	(Code: 200) (Expenses \$ 218,975 including grants of \$ 209,072) (Revenue \$ 0)
	Group Stewarding
	The National Wilderness Stewardship Alliance develops stewardsh groups across the country, offering funding opportunities,
	on-the-ground mentoring and instruction for developing partnership and working with land management agencies, and directing
	volunteers to individual organizations to build capacity.
	<u></u>
4c	(Code: 300) (Expenses \$ 6,201 including grants of \$ 0) (Revenue \$ 0)
~~	(Code: 300) (Expenses \$ 6,201 including grants of \$ 0) (Revenue \$ 0) Communications and Toolkits
	The National Wilderness Stewardship Alliance offers many online and digital resources, including toolkits for grantwriting,
	how to start a successful stewardship group, and information on current events and actions affecting Wilderness
	stewardship like crosscut saw policy.
	Other are green and items (Describes in Oak adults O.)
4 d	Other program services (Describe in Schedule O.) (Expenses \$ Including grants of \$) (Revenue \$)
4e	Total program service expenses ► 230,194
-	·

230,194

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<u> </u>	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	✓	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		/
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		/
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_	_	<u></u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		/
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		/
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		/
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		/
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.	·		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		<u> </u>
	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		<u>/</u>
	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		/
	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		<u>/</u>
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e 11f		/
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		/
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		/
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Į,
14 a		14a	-	
b	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		/
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		/
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		/
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19 For	99	0 (2016)

Part	Checklist of Required Schedules (continued)			age v
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		\checkmark
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	04		/
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		V
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	_		_V
	organization's current and former officers, directors, trustees, key employees, and highest compensated		İ	
	employees? If "Yes," complete Schedule J	23		<u> </u>
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		<u> </u>
	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?	04-		1
d		24c 24d		Y _
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		V _
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		/
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			•
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		✓
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 disqualified persons? If "Yes," complete Schedule L, Part II			_
27	·	26		Y
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		/
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, or key employee? If "Yes," complete Schedule L, Part IV .	28a		/
b	· · · · · · · · · · · · · · · · · · ·			
	Schedule L, Part IV	28b		1
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			,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		Y
30	Did the organization receive more trian \$23,000 in non-cash contributions? If Yes, complete schedule Million bid the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		V
	conservation contributions? If "Yes," complete Schedule M	30	ļ	/
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			_
	Part I	31		/
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		/
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		,
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		V
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	Y
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		/
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	1	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
20	Part VI	37		\
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38		
		1 38	1 37	1

Form **990** (2016)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	÷÷	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	- 1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	<u></u>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Ţ	
	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 e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
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		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ĺ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	_		
	account)?	<u>4a</u>		V
D	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		./
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Y
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		V
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Y _
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		 	
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		/
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f_		/
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	
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	-	 	
a	sponsoring organization have excess business holdings at any time during the year?	8	_	-
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12	1	ł	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 0	1		
11	Section 501(c)(12) organizations. Enter:		Ì	
a b	Gross income from members or shareholders	4	1	
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		_	-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		/
_	Note. See the instructions for additional information the organization must report on Schedule O.			
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	4		
C 140	Enter the amount of reserves on hand	44	-	+-
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	- ✓

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Section	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7		Yes	No
	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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6	✓	<u> </u>
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		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b	✓	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.) Yes	No No
10a b	Did the organization have local chapters, branches, or affiliates? 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?	10a 10b	100	✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- <u></u> -	-	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	4	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		/
13 14 15	Did the organization have a written whistleblower policy?	13	1	
a b	The organization's CEO, Executive Director, or top management official	15a 15b		/
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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	ļ 	
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		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Colorado Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3):	s only)
19	Own website	terest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	ecord	s: >	

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

Check if Schedule O contains a response or note to	any line in this Part VII	. <u></u>	<u>.</u>	🗆

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.

☐ Check this box if neither the organization no	or any relate	d orga	aniz	atio	n c	ompe	nsa	ited any currer	t officer, director	, or trustee.
					C) ition					
(A)	(B)			neck	more	than o		(D)	(E)	(F)
Name and Title	Average hours per					ıs both or/trust		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or directo		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Bill Hodge	1									
Board Chair				/					0	
(2) Andrew Schurr	2]								
Vice Chair				✓					0	
(3) Darcy Shepard	3						ļ			
Treasurer		<u> </u>		✓	1		L		0	
(4) Anne Elizabeth Bake	11									
Secretary	<u> </u>		<u> </u>	✓	<u> </u>	L			0	
(5) Andrew Downs Officer	11			/					0	
(6) Katie Currier	1									
Officer			<u> </u>	✓	1_	<u> </u>			0	<u> </u>
(7) Doug Scott	11	1								
Officer		ļ	_	✓	1		_		0	
(8)		-								
(9)		-								
(10)							ļ . <u> </u>			
(11)		-								
(12)		-			-	-				
(13)		-		+		-				
(14)			-		+	-	+-			
						L.			1	

	' (A) ' Name and title	(B) Average hours per week (list any	box, u	unles er and	s pe i a d	ntion more rson irect	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from	m	(F) Estimat amount other	t of
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	ompens from the organization and relation	ation he ition ited
(15)											1		
(16)													
(17)			-										
(18)			-								-		
(19)			-								+		
(20)													
(21)						-							
(22)					-			_					-
(23)			-										
(24)													
(25)			-					-		<u> </u>			
1b c d	Sub-total		n A				 	> > >)	0		0
2	Total number of individuals (including bur reportable compensation from the organ	t not limited					above	e) w			,000 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc						emp	oloyee, or hig	nest compens	ated [3	res No
4	For any individual listed on line 1a, is the organization and related organizations individual											4	, 3a
5	Did any person listed on line 1a receive of for services rendered to the organization									zatıon or indivi	dual .	5	
	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Rej year.												's tax
	(A) Name and business add	dress							(B) Description of	services	Con	(C) npensati	ion
				_				-					
							-	F	· · · · · · · · · · · · · · · · · · ·				
2	Total number of independent contractor received more than \$100,000 of compens							o t	hose listed al	pove) who		,	

	90 (201							Page 9
Fart	VIII	Statement of Reve		anonce or mate ter	anu lina in thia	Dord VIII		П
	v	Check if Schedule O	contains a res	sponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	s la					
ts, Grants Amounts	b	Membership dues .		8,583				
S, F	С	Fundraising events .		0				
Gifts, ilar Ar	d	Related organizations	3 1d	0				
imi	e	Government grants (con		234,233				
tior er S	f	All other contributions, g						
ig #		and similar amounts not inc					1	
Contributions, Giff and Other Similar	9	Noncash contributions include		************************				
	h	Total. Add lines 1a-1	<u> </u>		246,020		ļ- · · · · · ·	
Program Service Revenue	0-			Business Code			ļ	ļ
Seve	2a b			-	0			
e F	C							
ervi	d							
E	e							_
gra	f	All other program ser					<u>† </u>	<u> </u>
Pro	g	Total. Add lines 2a-2		•			•	<u>L</u>
	3	Investment income	(including divi	dends, interest,				
		and other similar amo	•		0			
	4	Income from investmen	•		0			
	5	Royalties			0			
		_	(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	C	Rental income or (loss)	(1)					
	7a	Net rental income or Gross amount from sales of	(i) Securities	▶	0			
	, "a	assets other than inventory	(,, 2002	() 0				
	Ь	Less: cost or other basis						
		and sales expenses .						
	С	Gain or (loss)						
	d			>	0		1	
•								
Other Revenue	8a	Gross income from fu	undraisıng	'				
Š		events (not including \$						
Ğ,		of contributions report	•					
Ē		See Part IV, line 18 .		a				
ರ		Less: direct expense: Net income or (loss) t		b a events . ▶			<u> </u>	
		Gross income from g			0		+	
	"	See Part IV, line 19 .		a				
	ь	Less: direct expense		b				
		Net income or (loss)			0		 	·
		Gross sales of in						·
		returns and allowanc	es	a				
		Less: cost of goods s		b				
	С	Net income or (loss)	from sales of in		. 0			
		Miscellaneous F	Revenue	Business Code				
	11a						-	
	b				-			
	C	All other revenue						
	d	Total. Add lines 11a-						
	12	Total revenue. See			240 000		+	
		. Utan TOTOLINE, OEE I		<u> </u>	246,020	l		

Form 99	0 (2016)				Page 10
	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon	se or note to any lin			
	t include amounts reported on lines 6b, 7b, , 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	209,072			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1			
4 5	Benefits paid to or for members		· · ·		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	14,215	 -		
b	Legal				
c d	Accounting				
e	Professional fundraising services See Part IV, line 17	-			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	426			
14	Information technology	1,104			
15	Royalties				
16 17	Occupancy				
18	Travel				
19	Conferences, conventions, and meetings .	5018		 	
20	Interest	5018			
21	Payments to affiliates	-			
22	Depreciation, depletion, and amortization .				
23	Insurance				
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.)				
а	Program Supplies (booklets, etc)	900		ļ	
a b		803		-	
c					
d					
е	All other expenses				
25	i otal functional expenses. Add lines 1 through 24e	230,638			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part	X		🗆
	•	,	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	52,650	1	3,190
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	6,715	3	48,742
	4	Accounts receivable, net		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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		j	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		l	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets	_	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	· · · ·
•	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or		9	
	IVa	other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		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)	59,347	16	51,932
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	34,500		11,687
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
ies	22	Loans and other payables to current and former officers, directors,			
듩		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Liabilities	23	Secured mortgages and notes payable to unrelated third parties .		23	
_	24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	34,500	26	11,868
' 0		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
ě	İ	complete lines 27 through 29, and lines 33 and 34.			
<u>=</u>	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ë	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Ž	33	Total net assets or fund balances	24,847		40,245
_	34	Total liabilities and net assets/fund balances	24,847	34	5 000 (2245)
					Form 990 (2016)

_	4	
Page	1	2

	5 (2010)				Pag	je 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			249	<u>,224</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			230	,638
	Revenue less expenses. Subtract line 2 from line 1	3			15	5,382
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			24	1 <u>,847</u>
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			4(0,229
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ı	n			
	Schedule O.			\perp		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	a		\checkmark
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled c	or			- 1
	reviewed on a separate basis, consolidated basis, or both:		1			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis]
b	Were the organization's financial statements audited by an independent accountant?		. 2	b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a		1	
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			\perp		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for committee that as the committee that as the committee that are committee that are committeed to the committee that are com					
	of the audit, review, or compilation of its financial statements and selection of an independent acco			c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain i	in			
	Schedule O.			_		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in			
	the Single Audit Act and OMB Circular A-133?			a		/
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such	audits.		b		
			- 1	Form	990	(2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Selvice

Employer identification number

30-0656123 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 \ \textstyle An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yeş No (A) (P) (C) (D) (E) **Total**

Part							
	(Complete only if you checked the Part III. If the organization fails to						lify under
Section	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	38,397	11,240	36,350	48,293	246,020	380,300
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		.,,,	35,233			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						380,300
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	38,397	11,240	36,350	48,293	246,020	380,300
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						380,300
12	Gross receipts from related activities, etc	•	•			12	0
13	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, secon	d, third, fourth	•	ear as a section	
Secti	on C. Computation of Public Suppor	rt Percentag	e				
14	Public support percentage for 2016 (line					14	%
15 16a		ization did not	check the box	x on line 13, ar	nd line 14 is 3		
b	box and stop here. The organization qua 331/2% support test—2015. If the organithis box and stop here. The organization	zation did not	check a box o	on line 13 or 16	a, and line 15	ıs 331/3% or m	ore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the organization.	016. If the orge eets the "facts 'facts-and-circ	anization did n -and-circumst umstances" te	not check a bo ances" test, chest. The organi	x on line 13, 1 neck this box a zation qualifie	6a, or 16b, and and stop here. s as a publicly	d line 14 is Explain in
ħ	18%-faste-and-elroumstances test—2 15 is 10% or more, and if the organization of Explain in Part VI how the organization resupported organization	015. If the org ation meets th meets the "fac	anization did r le "facts-and- ts-and-circum	not check a bo circumstances stances" test.	x on line 13, test, check The organizat	16a, 16b, or 17 this box and s	a, and line stop here.
18	Private foundation. If the organization di	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	► [] see

Part							
	(Complete only if you checked the						ider Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part I	1.)	
	on A. Public Support	/) 0040	#1.0040	130014	(4) 0045	(-) 001C	/O Total
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5						
ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6				L		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	re			h, or fifth tax y		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8	3, column (f) o	livided by line	13, column (f))		15	9
.18	Public support percentage from 2015 Sch					16	

Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 % Investment income percentage from 2015 Schedule A, Part III, line 17 18 18 % 331/3% support tests-2016. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . 331/3% support tests-2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Org

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V.)	
Section	on A. All Supporting Organizations			
	,		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe m Part VI how the supported organizations are designated. If designated by			\vdash
_	class or purpose, describe the designation. If historic and continuing relationship, explain	1		$\vdash \neg$
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		 -
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			$\vdash \neg$
Vu	(b) and (c) below.	3a		├
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	-		
-	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			1
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		L
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	[1	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	<u> </u>	<u> </u>	_
	despite being controlled or supervised by or in connection with its supported organizations	4b	ļ	<u> </u>
С			Į	1
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c	├	├
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	40	 	+-
Ja	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN		ĺ	
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	i	1	
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action		ļ	ļ
	was accomplished (such as by amendment to the organizing document)	5a		
b				$\prod_{i=1}^{n}$
	designated in the organization's organizing document?	5b	ļ	_
C	• • • • • • • • • • • • • • • • • • • •	5c		↓
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	ļ	ţ	1
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or	1	ŀ	
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		 	├
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6	├	+
•	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		1	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	 	+
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	-	 	+
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	†	1
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			T
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	the state of the s			
_	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
0	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		 	
10a	Was the organization subject to the excess business to the excess to	9c	<u> </u>	
	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	1	├	+
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720 to	10a	₩-	

determine whether the organization had excess business holdings.)

10b

Part I	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
.	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	1		
	on on the state of		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part W how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	,	
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	.1		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity			ŕ
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	0.		
ь	Bid the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a	┼	
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3		2b	$\downarrow $	
а	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <i>Part VI</i> .		_	
b		3a	 	
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		-

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See						
instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Section				
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3.	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or						
collection of gross income or for management, conservation, or						
maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		<u> </u>			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see						
instructions for short tax year or assets held for part of year):	_		 			
a Average monthly value of securities	1a		 			
b Average monthly cash balances	1b		 			
c Fair market value of other non-exempt-use assets	1c		 			
d Total (add lines 1a, 1b, and 1c)	1d		 			
e Discount claimed for blockage or other	l					
factors (explain in detail in Part VI):	L		 			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		 			
3 Subtract line 2 from line 1d.	3		<u> </u>			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	۱ ـ ا					
see instructions).	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		 			
6 Multiply line 5 by .035.	6					
7 Recoveries of prior-year distributions	7		 			
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount	_		Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3.	4					
5 Income tax imposed in prior year	5		<u> </u>			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions)	6	L <u></u> -	<u> </u>			
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).						

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organia	zations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			(11)
Se	oction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a_				
b				
<u>c</u>	From 2013		·	
d_	From 2014			
е	From 2015			
f_	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			<u> </u>
<u>i</u> _	Carryover from 2011 not applied (see instructions)			
J_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
				
	Applied to underdistributions of prior years Applied to 2016 distributable amount			
C	Remainder, Subtract lines 4a and 4b from 4.	 		
_ _	Remaining underdistributions for years prior to 2016, if		· · · · · · · · · · · · · · · · · · ·	
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
_8	Breakdown of line 7:			
a	5		· · · · · · · · · · · · · · · · · · ·	
b	Excess from 2013			
<u>C</u>	Excess from 2014		· 	
<u>d</u> _	Excess from 2015			
	Exeess from 2016			

P	a	a	•	8

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990 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.

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Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ
Linformation about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization Employer identification number **National Wilderness Stewardship Alliance** 30-0656123 Part 1, line 9: Registration fees from the NWSA Annual Workshop/Conference focusing on building partnerships between nonprofits and government agencies and planning the future of wilderness stewardship. Part 1, line 13: Boots on the Ground Wilderness Stewardship Support Granting Program Forest Service WSP Measures Granting Program Wilderness50 Kiosk Granting Program with the Forest Service Part 1, line 17: NWSA Annual Workshop/Conference focusing on building partnerships between nonprofits and government agencies planning the future of wilderness stewardship. Part 1, line 21: Restricted program funding related to our granting programs that is considered deferred income. Part 5, section B, line 12c: The board of directors are required to disclose possible conflict of Interest when it arises, it is then addressed by the board to determine if a conflict does exist. Part 7, line 2c: No changes over prior year for the board of directors oversight.

Name of the organization	Employer identification number
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