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Form **990** (Rev January 2020)

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

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 AH

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

$\overline{\mathbf{A}}$	For the 2	2019 calend	ar year, or tax year beginning	, 2	019, and end	ling		V	, 20	
В	Check if a	pplicable	C Name of organization National Wilderness Stewar	dship Alli	ance			D Empl	oyer identification r	number
	Address c	hange	Doing business as same						30-0656123	
	Name cha	nge	Number and street (or P O box if mail is not delivered to	Room/	/suite	E Telepi	none number			
	Initial retur	rn	PO Box 752				801-808-2167			
	Final return	n/terminated	City or town, state or province, country, and ZIP or forei	gn postal c	ode					
$\bar{\Box}$	Amended	return	Bend OR 97709					G Gross	receipts \$	322,957
$\bar{\Box}$	Application	n pending	F Name and address of principal officer Randy Welsh,	Executive	Director		H(a) Is this a gro	up return fo	or subordinates? Ye	s 🗸 No
	• •		51520 Fargo Lane, Bend OR 97702		← ′	_			es included? 🔲 Ye	
ı	Tax-exem		✓ 501(c)(3)	4947(a)	(1) or 527		If "No," a	ttach a li	st (see instructions)	
J	Website:	► www.wi	dernessalliance.org				H(c) Group ex			
ĸ	Form of org	ganization 🗸	Corporation ☐ Trust ☐ Association ☐ Other ►		L Year of for	mation	2010	M State	of legal domicile	СО
_	art I	Summa							<u>``</u> `	
			ribe the organization's mission or most signifi	cant acti	vities: Supp	ort of	wilderness	steward	dship organizatio	ns.
ě	1		osite materials, webinars, the National Wilderne							
Governance	1		activities on the National Forests	33 11011131	iop, and pro		monig pros		J. W. G. H. G. J.	
e.u			oox ▶ ☐ if the organization discontinued its o	pperation	s or dispose	ed of r	nore than 2	25% of	its net assets.	
Š	1		voting members of the governing body (Part V					3		10
			ndependent voting members of the governing			۱4۰۱		4		10
Activities &	1		er of individuals employed in calendar year 20					5		
ξ	1		er of volunteers (estimate if necessary) .				٠	6		20
Ą	I		ted business revenue from Part VIII, column (C), line 1:	2	/		7a		<u></u> 0
_	1		ed business taxable income from Form 990-T,		_			7b		0
				,	<u> </u>	ı <u>-</u>	Prior Year	•	Current Yea	
4.	8 0	Contributio	ns and grants (Part VIII, line 1h)	87,055		304,458				
Revenue			rvice revenue (Part VIII, line 2g)				<u>`</u>	4,295		18,499
		_	income (Part VIII, column (A), lines 3, 4, and 7	(d)				9,233		
æ			ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10	-	1e)			0		
	i .		e-add lines 8 through 11 (must equal Part VIII		•		-	91,350		322,957
			similar amounts paid (Part IX, column (A), line					06,579		270,093
			d to or for members (Part IX, column (A), line	0		270,033 N				
(0		-	er compensation, employee benefits (Part IX, co	22,050		32,600				
Se			I fundraising fees (Part IX, column (A), line 11		0		<u>32,000</u>			
Expenses			ising expenses (Part IX, column (D), line 25)	-						
찣			nses (Part IX, column (A), lines 11a-11d, 11f-2			-		24,290		75,501
	1		ses. Add lines 13–17 (must equal Part IX, colu		ne 25)			52.919		73,301 378,194
	1	=	s expenses. Subtract line 18 from line 12 .					38,431		-55,237
- Se		1010110010	o expenses. Subtract line 10 Herri line 12	•	- 	Begir	nning of Curre		End of Year	
sets or alances	20 T	ntal asset	(Part X, line 16)					83,999		40,826
Ass Bal	21 T		es (Part X, line 26)					03,999		40,828 0
Net As: Fund Ba	22 N		or fund balances. Subtract line 21 from line 20	 1				83,999		40,826
	art II	Signatu		<u> </u>	<u> </u>			03,333		40,020
			declare that I have examined this return, including accom-	nanving sc	hedules and sta	atement	ts and to the	best of n	ny knowledge, and b	nelief it is
			Declaration of preparer (other than officer) is based on all						.,	,
			as de lelel					Per	SED & PESU	BAUNE
Sign Here		Signatu	of officer				Date	/	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>
			RANDY WELSH EXECUTIVE	E DIR	EXTRA_			11-2	3-2020	
		Type or	print name and title	:	~ [• • •			<u> </u>		
_		',	preparer's name Preparer's signature	·	T	Date		Check [] _{If} PTIN	
Pa								self-emp	→ " ;	
	eparer	Firm's nam					Firm's		<u></u>	
Us	e Only									
Ma	v the IRS	Firm's add	ess is return with the preparer shown above? (se	e instruct	lous)		Phone	110	. Yes	□No
				5 m30 u0		• No 41	1000V			
ror	raperwo	ork meaucti	on Act Notice, see the separate instructions.		Car	t No 1	1282Y		Form 95	90 (2019)

ORIGINAL SUBMITTED 7-7-2020

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Form 99	0 (2019) Page 2
Part	
•	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: The National Wilderness Stewardship Alliance supports wilderness stewardship organizations and their volunteers that work in the National Wilderness Preservation System. We provide website resources, trainings, webinars, produce the National Wilderness Workshop each year, and provide funding for wilderness stewardship organizations through a challenge cost share with the US Forest Service for volunteer stewardship work on the National Forests.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 270,093 including grants of \$ 270,093) (Revenue \$ 0) The NWSA supports wilderness stewardship groups across the country offering funding opportunities and on the ground mentoring and instruction for developing partnerships and working with land management agencies. We have a challenge cost share program with the US Forest Service that enables stewardship organizations to increase their capacity for doing volunteer assistance projects on the National Forests.
4b	(Code:) (Expenses \$ 42,986 including grants of \$) (Revenue \$ 18,500)
	The NWSA co-hosts the annual National Wilderness Workshop, a national gathering of conservations, volunteers, stowardship groups land management agencies, and academics to bring the wilderness stewardship community together to share ideas, learn from experts and each other, and work toward soluntions on issues affecting wilderness stewardship.
4c	(Code:) (Expenses \$ 71,901 including grants of \$) (Revenue \$ 19,689) The NWSA offers many on-line and digital resources, including toolkits for grant writing, how to start a successful stewardship organization and information on current events and actions affecting wilderness stewardship. NWSA sends our email newsletters and hosts monthly webinars to provide information and education for the wilderness stewardship community.
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ ***



Part IV Checklist of Required Schedules

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	<	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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		1
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		√
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		✓
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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		✓
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		✓
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		✓
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		✓_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	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		<u> </u>
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		<u>✓</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	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		✓
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓_

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		✓
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		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
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		√
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		√
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
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 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38 Bost	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	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	· ·	 Var	<u> </u>
4-	Enter the number reported in Pay 2 of Form 1006 Enter 0 of not continued a		Yes	No
1a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			- 1
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	7	
	reportable garring (garrising) withings to prize withiers:		990	(2010)
		1 0111		(5,012)

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			_
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
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).			
-	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		√
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ا ا		
_	gifts were not tax deductible?	6b		
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		_
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		✓
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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		i	
a	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
''a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		Ī	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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		l	
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ا ـ ـ ا		,
	excess parachute payment(s) during the year?	15		✓
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		✓
	ii 103, complete i diffi 4720, deficadie O.			

Check it Schedule O contains a re-	Disclosure For each "Yes" response to lines 2 through 7b below, describe the circumstances, processes, or changes on Schedule Componse or note to any line in this Part VI	. See ıı	nstruc	
Section A. Governing Body and Managem	nent			,
4 - Establisher work and forther according to	Table		Yes	No
-	rights among members of the governing body, or	10		'
-	authority to an executive committee or similar			
committee, explain on Schedule O.				
	• • • • • • • • • • • • • • • • • • • •	10		
2 Did any officer, director, trustee, or key any other officer, director, trustee, or key	employee have a family relationship or a business relationship with employee?	2		-
	r management duties customarily performed by or under the direct			,
	, or key employees to a management company or other person? . nanges to its governing documents since the prior Form 990 was filed?	4		1
	the year of a significant diversion of the organization's assets? .	5		7
6 Did the organization have members or sto	· · · · · · · · · · · · · · · · · · ·	6	1	,
-	kholders, or other persons who had the power to elect or appoint	7a		1
•	organization reserved to (or subject to approval by) members,			<u> </u>
stockholders, or persons other than the g	overning body?	7b		✓
8 Did the organization contemporaneously the year by the following:	document the meetings held or written actions undertaken during			
a The governing body?		8a	✓	
b Each committee with authority to act on b	ehalf of the governing body?	8b	1	
	ey employee listed in Part VII, Section A, who cannot be reached at its," provide the names and addresses on Schedule O	9		/
	s information about policies not required by the Internal Reve	nue C	ode.)	
•			Yes	No
10a Did the organization have local chapters, I		10a	ļ	✓
	policies and procedures governing the activities of such chapters, erations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy	of this Form 990 to all members of its governing body before filing the form?	11a	✓	
	y, used by the organization to review this Form 990.			لـــــــــــــــــــــــــــــــــــــ
12a Did the organization have a written conflic	, ,	12a	✓	<u> </u>
•	ployees required to disclose annually interests that could give rise to conflicts?	12b	✓	
 Did the organization regularly and consist describe in Schedule O how this was done 	stently monitor and enforce compliance with the policy? If "Yes,"	12c	\	
13 Did the organization have a written whistle	eblower policy?	13	✓	
_	ent retention and destruction policy?	14		✓
	sation of the following persons include a review and approval by nd contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director	or, or top management official	15a		✓
	anization	15b		✓
If "Yes" to line 15a or 15b, describe the pr	ocess in Schedule O (see instructions).			
	assets to, or participate in a joint venture or similar arrangement	16a		√
	itten policy or procedure requiring the organization to evaluate its			
participation in joint venture arrangements organization's exempt status with respect	s under applicable federal tax law, and take steps to safeguard the to such arrangements?	16b		
		1.50		
Section C. Disclosure				
	orm 990 is required to be filed ► CO, OR			
Section C. Disclosure 17 List the states with which a copy of this Form 18 Section 6104 requires an organization to	make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990 dicate how you made these available. Check all that apply	-T (Sec	tion 5	501(c)
Section C. Disclosure 17 List the states with which a copy of this Form 18 Section 6104 requires an organization to (3)s only) available for public inspection. In Own website Another's websit	make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990 dicate how you made these available. Check all that apply e Upon request Other (explain on Schedule O) so, how) the organization made its governing documents, conflict	·		

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Form	aan	(2D1	ı۵۱

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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. See instructions for the order in which to list the persons above.

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

Check this box if neither the organization no	r any relate	a org	anız	atic	on c	ompe	ensa	ited any current	officer, director,	or trustee
				(6	C)					
(A)	(B)			ition			(D)	(E)	(F)	
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
	hours	office	officer and a director/trustee)					compensation	compensation	of other
	per week (list any	오코	<u> </u>	Q	<u>چ</u>	9.∓	T	from the organization	from related organizations	compensation from the
	hours for	함	ä	Officer	y ei	함	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	ct a	Ì	`	호	yee c	ੈ		,	related organizations
	organizations below	7 हूं	al t		Key employee	ă				
	dotted line)	Individual trustee or director	Institutional trustee		"	es,				
			96			Highest compensated employee				
(1) Andrew Downs	2									
Board Chair		✓		✓				0	0	0
(2) Andrew Schurr	2		l							
Vice Chair		✓		✓				0	0	0
(3) Anne Sentz	2									
Secretary		✓		✓				. 0	0	0
(4) Sandy Compton	2]								
Board Member - Communications		✓		✓				0	0	0
(5) Katie Currier	111		li							
Board Member		✓		✓				0	0	0
(6) Stewart Dodd	1									
Board Member		✓		√				o	0	0
(7) Dave Cantrell	2									
Board Member - Programs		✓		✓				o	0	0
(8) Randy Rasmussen	1									
Board Member		✓		✓				o	0	0
(9) Ian Nelson	1									
Board Member		✓		✓				0	0	0
(10) Zach Bumgarner	1									
Board Member		✓		✓				o	0	0
(11) Randy Welsh	10									
Executive Director		✓		✓				36,200		
(12)										
(40)	-						-			
(13)										
(14)										

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated Empl	oyees (continued)
•	(A) Name and title	(B) Average hours per week	box,	unles	Pos neck ss pe d a d	rson	e than o is both or/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(15)					_		ëd				
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)										-	
(25)											
1b	Subtotal			•				•	36,200		0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)					 		▶	0 36,200		0 0
2	Total number of individuals (including but reportable compensation from the organic	not limited						e) w) of
3	Did the organization list any former of employee on line 1a? If "Yes," complete S									t compensate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	oortal	ole d	com	per	nsatio	n a	nd other comper		
5	Did any person listed on line 1a receive of for services rendered to the organization?										
Secti	on B. Independent Contractors		-								<u> </u>
1	Complete this table for your five high compensation from the organization. Repo										
	(A) Name and business addi	ress							(B) Description of serv	nces	(C) Compensation
							-				
2	Total number of independent contracto received more than \$100,000 of compensations.	•	_					th	ose listed above	e) who	

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
		Check if Schedule	Осо	ntains a re	espor	ise or note to an	·		T	· · · · <u> </u>			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514			
nts nts	1a	Federated campaig	ns .		1a		;						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b	19,689	i						
ο, Ĕ	С	Fundraising events			1c								
まる	d	Related organization			1d								
S, E	е	Government grants			1e	280,100							
ë is	f	All other contribution and similar amounts no											
the E	_	Noncash contribution			1f								
d d	g	lines 1a-1f			1g	s		,					
a Co	h	Total. Add lines 1a-					299,789						
			••••	• •		Business Code	255,765						
ဗွ	2a	National Wilderness	Work	shop			18,500	18,500					
ه ∑	b							,					
Sch	С								, ,				
gram Ser Revenue	d												
Program Service Revenue	е								==				
مّ	f	All other program se					4,688						
	g	Total. Add lines 2a-					23,188		'				
	3	Investment income											
	4	other similar amoun Income from investri	•	· · ·				 					
	4 5	Royalties			•	· ·							
	J	noyanies	i i	(ı) Hea		(ii) Personal							
	6a	Gross rents	6a		-	(4)							
	b	Less, rental expenses	6b										
	С	Rental income or (loss)	6c										
	d	Net rental income of	r (loss	s)		▶							
	7a	Gross amount from		(i) Securi	ies	(ii) Other							
		sales of assets							-				
		other than inventory	7a										
ine	b	Less cost or other basis	/										
Reveriue	_	and sales expenses	/h										
Re	C d	Gain or (loss) Net gain or (loss)	<u>7ი</u>			▶		-]			
Jer		Gross income from		odrajejna	宀								
O₌her	oa	events (not including	œ	-					•	'			
		of contributions rep		d on line									
		1c). See Part IV, line			8a					i			
	b	Less: direct expense	es .		8b								
	С	Net income or (loss)	from	ı fundraısın	g eve	nts . ▶							
	9a	Gross income t											
		activities. See Part I			9a								
		Less: direct expense			9b					l			
	С	Net income or (loss)			ctivitie	es >							
	10a	Gross sales of in returns and allowand		-	10a								
	h	Less: cost of goods			10a								
		Net income or (loss)				orv							
		- Tree moone or (1033)	110111	Sales of III	iverite.	Business Code				- 1			
Miscellaneous Revenue	11a												
scellaneo Revenue	b												
ella ye	c					-							
<u>is</u>	d	All other revenue											
Σ	е	Total. Add lines 11a	<u>1</u> 1d	<u>l</u> .		>							
	12	Total revenue. See	ınstrı	uctions .		>	322,957	18,500	0	0			

Part IX Statement of Functional Expenses

التكلية					
Section	on 501(c)(3) and 501(c)(4) organizations must comp			must complete colu	mn (A)
	Check if Schedule O contains a response		in this Part IX .		<u> </u>
	ot include amounts reported on lines 6b, 7b, b, 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	270,093	270,093		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	o	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	o		
5	Compensation of current officers, directors, trustees, and key employees	36,200	21,720	12,670	1,810
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	o	o	O
7	Other salaries and wages	0	0	0	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	
10	Payroll taxes	0	0	0	
11	Fees for services (nonemployees):		1	•	
a	Management	o	o	م	•
b	Legal	0	0	0	
C		0		<u> </u>	
_	Accounting	0	0		0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	o	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	o	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	1,540	0	1,540	0
14	Information technology	300	0	300	0
15	Royalties	0	0	0	0
16	Occupancy	o	o	0	0
17	Travel	5,262	2,631	2,631	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	0	o	0	0
20	Interest	0	0	0	
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	<u> </u>	0
23	Insurance	689	0	689	0
24	Other expenses. Itemize expenses not covered	009	-	003	
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)			_	
а	Printing and Postage	3,297	3,297	. 0	
b	National Wilderness Workshop	· 1	·	0	<u>.</u>
_	Bank Fees	42,986	42,986	- 0	0
C		87	87	- 0	0
d	Memberships All abbar and a second	350	0	350	0
e	All other expenses Misc	17,271	17,271	<u> </u>	0
25	Total functional expenses. Add lines 1 through 24e	378,194	358,085	18,180	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

P	art X		•		
<u>. </u>		Check if Schedule O contains a response or note to any line in this Pa			<u></u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	96.063	1	40,826
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	-12,062	4	
s	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 -	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	· - · · · · · · · · · · · · · · · · · ·	6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	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 33)	83,999		40,826
	17	Accounts payable and accrued expenses	00,000	17	40,020
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	· · · · · · · · · · · · · · · · · · ·
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
Ē		controlled entity or family member of any of these persons		22	
<u>:</u>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
seo		Organizations that follow FASB ASC 958, check here ▶ □ and complete lines 27, 28, 32, and 33.		20	
lan	27	Net assets without donor restrictions	33,494	27	84,397
Ва	28	Net assets with donor restrictions	33,737	28	04,337
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ □			
<u>-</u>	00	and complete lines 29 through 33.		 -	
ts (29	Capital stock or trust principal, or current funds		30	
se	30	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	31	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	22.22		40.000
<u>K</u> el	32 33	Total liabilities and net assets/fund balances	83,999		40,826
_	3 3	Total natimites and net assets/fund balances	83,999	သ	40,826

orm 9	00 (2019)			Pa	ge 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		32	2,957
2	Total expenses (must equal Part IX, column (A), line 25)	2		37	8,194
3	Revenue less expenses. Subtract line 2 from line 1	3		-5	5,237
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		8	3,999
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		1	2,054
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		4	0,826
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				- 1
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain ii	<u> </u>		
	Schedule O.			·	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled o	r 🗆		
	reviewed on a separate basis, consolidated basis, or both:	•			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				$oxed{oxed}$
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a	а 🗀		
	separate basis, consolidated basis, or both:				1
	☐ 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 over	ersight o	f		
	the audit, review, or compilation of its financial statements and selection of an independent accounts	_	2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain or	٦ 🗀		
	Schodulo		ŀ	1 1	1

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

Form **990** (2019)

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DEC 28 2020 OMB No 1545-0047

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support GDEN, Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt cha

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name	Name of the organization Employer identification number						
NATIO	ONAL WILDERNESS STEWARDSHIP						56123
Par		_ _					ons
The c 1 2 3	organization is not a private foundation A church, convention of church A school described in section A hospital or a cooperative ho	hes, or associati 170(b)(1)(A)(ii).	on of churches descr (Attach Schedule E (F	ibed in s e form 990	ection 17 or 990-E	′0(b)(1)(A)(i). ℤ).)	67
4	hospital's name, city, and state:						
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned c	r operate	ed by a government	tal unit described in
6 7	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1)	receives a subs (A)(vi). (Complet	tantial part of its sup te Part II.)	port from			n the general public
8	A community trust described	n section 170(b))(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ or university or a non-land-gra university:						
10	An organization that normally receipts from activities related support from gross investment acquired by the organization as	to its exempt fu t income and un ifter June 30, 19	nctions—subject to c related business taxa 75. See section 509(a	ertain exc ble incon a)(2). (Coi	ceptions, ne (less so mplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 331/3% of its
11	An organization organized and	•	•	•			
12	An organization organized and of one or more publicly support Check the box in lines 12a through	orted organizatio	ns described in secti	ion 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
а	☐ Type I. A supporting organithe supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	yority of t		
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same			
С	☐ Type III functionally integ its supported organization						ally integrated with,
d	Type III non-functionally that is not functionally inte requirement (see instructional see instructions).	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an	
е	Check this box if the organ functionally integrated, or	Type III non-func	tionally integrated sup	oporting (organizat	ion.	e II, Type III
f	Enter the number of supported provide the following information	organizations .					
<u> </u>	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the o	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			, , , , , , , , , , , , , , , , , , , ,	Yes	No	, , , , , , , , , , , , , , , , , , , ,	
(A)							
(B)							
(C)							
(D)							
(E)							
Tota					*****		

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2015 Calendar year (or fiscal year beginning in) ▶ **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . 48,293 246,020 417,153 587.055 304,458 1.602.979 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total. Add lines 1 through 3. . . . 48,293 246,020 417,153 587,055 304,458 1,602,979 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) Public support. Subtract line 5 from line 4 1,602,979 Section B. Total Support (a) 2015 **(b)** 2016 (d) 2018 Calendar year (or fiscal year beginning in) ▶ (c) 2017 (e) 2019 (f) Total Amounts from line 4 48,293 246,020 417,153 587,055 304,458 1,602,979 8 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources 0 Net income from unrelated business. activities, whether or not the business is regularly carried on Λ 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 Total support. Add lines 7 through 10 11 1,602,979 Gross receipts from related activities, etc. (see instructions) 12 18,499 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 100 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 100 % 331/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a b 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . b 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2019

	·	
Part III	Support Schedule for Organizations Described in Se	ction 509(a)(2)
	(Complete only if you checked the box on line 10 of Par	t I or if the organ

If the organization fails to qualify under the	e 10 of Part I or if the organization failed to qualify under Part II sts listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees		1				
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the		1				
	organization's tax-exempt purpose		1				
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		1				
4	Tax revenues levied for the						
	organization's benefit and either paid to			l			
	or expended on its behalf			l I			
5	The value of services or facilities			1	T		
	furnished by a governmental unit to the			\			
	organization without charge			1			
6	Total. Add lines 1 through 5			1	1		
7a	Amounts included on lines 1, 2, and 3			1			
	received from disqualified persons .			N .			
b	Amounts included on lines 2 and 3			11			
_	received from other than disqualified			11			
	persons that exceed the greater of \$5,000		1	11			
	or 1% of the amount on line 13 for the year				1		
С	Add lines 7a and 7b		1				
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(d) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a							
	payments received on securities loans, rents,			1 1			
	royalties, and income from similar sources.			1 1			
b	Unrelated business taxable income (less			1			
	section 511 taxes) from businesses			1 1			
	acquired after June 30, 1975			1			
С	Add lines 10a and 10b						
11	Net income from unrelated business			1			
	activities not included in line 10b, whether			1			
	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.)			1	V		
14	First five years. If the Form 990 is for the		n's first, secor	nd, third, fourth	or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he				<u> </u>		▶ □
_	on C. Computation of Public Suppor		_	40		1.5	
15	Public support percentage for 2019 (line 8		•		·/ · · · ·	15	%
16	Public support percentage from 2018 Sch			· · · ·		16	<u>%</u>
	on D. Computation of Investment Inc			by line 12 and	·mn kn)	17	0/
17	Investment income percentage for 2019 (1	17	<u>%</u> %
18	Investment income percentage from 2018 331/3% support tests – 2019. If the organ					18 ore than 331m ⁹	
19a	17 is not more than 33½%, check this box						
	33 ¹ / ₃ % support tests—2018. If the organiz		_			_	
b	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di	-	-				=
20	r nvate roundation, it the organization of	a not oneck a	DON OH HILE 14	τ, ισα, υι 13U,	CHECK HIS DOX	and 200 111211U	- LI

Part IV 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.)

Secu	on A. All Supporting Organizations		Vaa	I NI=
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		Yes	No
2	class or purpose, describe the designation. If historic and continuing relationship, explain. 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 arguments the property of the section 509(a)(1) or (2)?	1		
3a	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2 3a		
ь	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 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.	3c		
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		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination 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," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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 benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with 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		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more 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	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	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.	9c		
10a	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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Schedule	A /Earm	agn a	~ 000	2010

Part	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)			ļ
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			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			1
	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			Ì
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	-		
2	Did the argenization energia for the honeful of any apported expension other than the apported	1		
_	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			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	—	
Section	on C. Type II Supporting Organizations			
	on or type it depressing organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1.0
	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		
Section	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			ĺ
	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		ļ
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	1 1		
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	tions	s)
a	The organization satisfied the Activities Test. Complete line 2 below.			~
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructi	ions).
2	Activities Test. Answer (a) and (b) below.	ſ	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	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.			
_	-	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		[
а	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 Part W	<u> </u>		
9 _	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	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		
	or its supported organizations: it ites, describe in Fart VI the fole played by the organization in this regard.	LOU		

instructions).

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nızat	ions must complete Sect	ions A through E.
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		
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 factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 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		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y int	egrated Type III supporting	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	Current Year			
1	Amounts paid to supported organizations to accomplish			
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8 	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	T		
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
	From 2017 ,			
	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
<u>_i</u>	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			}
	Section D, line 7: \$			
	Applied to underdistributions of prior years Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
			-	
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			· _ ·
е	Excess from 2019			

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.)
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public

Inspection

Name of the organization
NATIONAL WILDERNESS STEWARDSHIP ALLIANCE

Employer identification number 30-0656123

Form 990, Part VI, Section A, Line 6 - NWSA Partner (member) Organizations pay a yearly fee for access to online resources, newsletters,
and funding opportunities.
Form 990, Part VI, Section B, Line 11b - The Board is notified of the availability of the 990 for review prior to submission.
Form 990, Part VI, Section B, Line 12c - Board members are required to disclose possible conflicts of interest when they arise, and it is up
to the Board to determine whether a conflict exists. Board policy on conflicts of interest is clear and all new Board members are apprised
of the policy when they join the Board Board members serving on funding committee must disclose relationships with any applicants,
and abstain from evaluating proposals if they have a clear financial interest in the organization that may lead to a conflict of interest.
Form 990, Part VI, Section C, Line 19 - NWSA governing policies are available upon request. They reside in a Google Drive folder to which
all Board members have access.
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